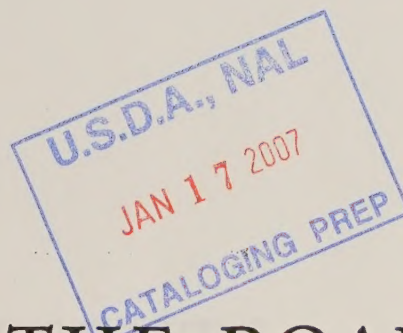


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FIT KIDS! ON THE ROAD TO EXCELLENCE

AGENDA: APRIL 3, 2003 ~ 9:00 A.M. CENTRAL

- **WELCOME FROM USDA** ~ Eric M. Bost, *Under Secretary for Food, Nutrition and Consumer Services, USDA* ~ Esther Phillips, *Acting Regional Administrator, Southwest Region, USDA*
- **MYTHS AND REALITIES OF EVERYDAY HEALTH** ~ Dayle Hayes, MS, RD
- **RESEARCH UPDATE** ~ Susan Johnson, PhD
- **GREAT SHAPE: FITNESS IS FOR EVERY BODY** ~ Pat Lyons, RN, MA

BREAK

- **THE ART OF PERSUASION (OR HOW TO BECOME A CHANGE AGENT!)** ~ Pam McCarthy, MS, RD
- **THE FEEDING RELATIONSHIP** ~ Jane Peacock, MS, RD
- **MORE ON THE ART OF PERSUASION** ~ Pam McCarthy, MS, RD
- **QUESTIONS AND ANSWERS WITH MORNING SPEAKERS**

LUNCH

- **HELPING WIC GROW FIT KIDS AND HEALTHY FAMILIES** ~ Eduardo Sanchez, MD, *Texas Commissioner of Health*
- **EMPHASIZE HEALTHY GROWTH, NOT HEALTHY WEIGHT** ~ Jane Peacock, MS, RD
- **HOW TO BE A PERSON OF INFLUENCE** ~ Pam McCarthy, MS, RD
- **MORE FUN FITNESS FOR EVERY BODY** ~ Pat Lyons, RN, MA

BREAK

- **CLINICAL WISDOM: WORKING WITH OVERWEIGHT CHILDREN AND THEIR FAMILIES** ~ Susan Johnson, PhD
- **TV TIME: HELPING WIC FAMILIES MAKE BETTER CHOICES** ~ Carolyn Dunn, PhD
- **QUESTIONS AND ANSWERS WITH AFTERNOON SPEAKERS**



EXCELLENCE ON THE ROAD TO FIT KIDS!

WEIGHING IN ON THE ROAD TO EXCELLENCE - THE NEW YORK TIMES, JANUARY 11, 1980, PAGE 10. THE ARTICLE DISCUSSES THE IMPORTANCE OF PHYSICAL FITNESS IN THE LIVES OF CHILDREN AND THE ROLE OF PARENTS IN ENCOURAGING THEIR CHILDREN TO BE ACTIVE.

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WELCOME TO THE *WIC Fit Kids* VIDEO-TELECONFERENCE.

The information in this teleconference is of interest to anyone who provides nutrition education to children and families. Due to the growing number of overweight kids in the U.S. and the dramatic increase in weight-related health problems among children and adolescents, the Southwest Region believes that WIC can play a vital role in promoting fitness and health.

WIC staff has the opportunity to guide parents in healthy behaviors by encouraging healthy eating in expectant moms, providing breastfeeding education, and educating on the importance of positive parenting and feeding relationships. The sooner healthy habits are started and parents develop a shared feeding relationship, the better the chances are for the child to develop a healthy growth pattern. The following WIC Fit Kids video teleconference is an energetic, practical program for training WIC staff in techniques that will help kids and families to:

- **Reduce the risk of overweight/obesity**
- **Improve nutrition and fitness**
- **Develop healthy feeding relationships**
- **Realize the value of healthy food choices and physical activity**

This conference is the result of the hard work and dedication of the Southwest Region Nutrition Services Program Integrity Work Group (NSPI) and their associates (see list that follows). I would like to take this opportunity to thank all of the members of NSPI. I would like especially to thank Susan Mayer, Darlene Irwin and Mary Van Eck for the leadership that they provided to this group. In addition, NSPI sends a special thanks to Dayle Hayes for providing coordination and "pizzazz." Lastly, I would like to thank the State WIC Directors and Commissioners for supporting NSPI and WIC's attendance at this conference.

We hope you enjoy and learn from this conference and remember to "*keep your eye on the prize.*"

Sondra Ralph

Regional Director
Supplemental Food Programs, Food and Nutrition Service

NSPI MEMBERS

SONDRA RALPH

Regional Director

Supplemental Food Programs, Food and Nutrition Service

U.S. Department of Agriculture - Dallas, Texas

Sondra Ralph is the Regional Director for the Supplemental Food Programs in the Southwest Region. She is responsible for the administration of the WIC and Farmers' Market Programs and, most recently, the Senior Farmers' Market Nutrition Pilot Program throughout the Southwest Region, which includes five geographical states, as well as 16 Indian Tribal Organizations. She has been in her current position in Dallas for twelve years.

Prior to serving in her present position, Sondra worked in the Little Rock, Arkansas field office and the National office. In addition to WIC, she has worked for a variety of food and nutrition programs in her 22 years of federal service. Sondra convened the NSPI group in 1999 and has provided leadership to the team as they develop state and regional projects.

SUSAN MAYER

Regional Nutritionist

Supplemental Food Programs, Food and Nutrition Service

U.S. Department of Agriculture - Dallas, Texas

Susan Mayer has been working as the Regional Nutritionist for the WIC and the Farmers' Market Nutrition Programs since 1989. In her capacity as Regional Nutritionist she provides oversight to the nutrition services of these programs for the five state region of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

DARLENE IRWIN, MS, RD, LD

High Risk Dietitian

City of Dallas WIC Program - Dallas, Texas

Darlene Irwin has worked for the Dallas WIC program for 5 years. She is one of the eight High Risk Dietitians who provide individual nutritional counseling to WIC participants. Since February 2000, she has worked with the USDA Southwest Region staff and NSPI work group as the Project Coordinator for the regional "Nutrition Education: On the Road to Excellence" teleconferences presented in April 2001 and 2003.

Darlene has two sons, Scott, an anesthesia resident in San Antonio, and Stephen, a computer tech in Dallas. She and husband, Tom, have two "four-legged" children – Casey Belle (two year-old dachshund) and Katie Mae (eight year-old wire fox terrier).

SUSAN HANDFORD MS, RD, LD

State WIC Nutrition Coordinator

Arkansas WIC Program - Little Rock, Arkansas

Susan Handford has been married 21 years to Mark and they have one daughter, son-in-law and 1-year-old grandson, and two Scottish Terriers. Susan enjoys decorating her new home, serving on the Arkansas State Hunger Coalition Board, NWA Nutrition Section, and County Humane Society Board.

SUSAN WINKLER, MS, CFCS

Nutrition Education Coordinator

Arkansas WIC Program - Little Rock, Arkansas

Susan Winkler joined the Arkansas Health Department in 1992 as a local WIC home economist. In July 2000, she was promoted to Nutrition Education Coordinator for the Arkansas WIC Program. As the state NE coordinator, Susan guides the efforts of the state educators in the WIC program in the preparation of nutrition lesson plans, resources, participant educational materials, and other educational sessions. She is a member of the WIC Food Package team. Susan also is responsible for the coordination of Arkansas regional area response to USDA projects that include training, supplies and materials, and other educational efforts for the WIC Program.

Susan received her master's degree in family and consumer sciences in 1999 from the University of Central Arkansas, Conway. Susan is a member of the Arkansas Association of Family and Consumer Sciences and is currently president of that Association. She is also a member of the Arkansas Public Health Association, the Arkansas State Employees Association, the Des Arc United Methodist Church, and is a district officer for the Pine Bluff District of United Methodist Women.

Susan is married to her high school sweetheart, Ben, and they live in Des Arc with his two children, Shanda and Benjamin, four dogs, three cats, various lizards, and other creatures. She loves to sew, is learning to juggle, and tries to maintain a balanced and healthy lifestyle.

TRACI LUNDY MS, RD, LD

Director of Nutrition, Education, and Training

Oklahoma State Department of Health-WIC Service - Oklahoma City, Oklahoma

Traci Lundy has a BS in education and MS in nutrition science and has worked 13 years in the WIC Program. In May 2002, she was promoted to Director of Nutrition, Education, and Training. Traci is also an Army Captain and has ten years experience as a dietitian in the U.S. Army Reserves.

JANE C. PEACOCK, MS, RD

Family Health Bureau Chief

New Mexico Department of Health - Santa Fe, New Mexico

Jane Peacock holds a master of science in nutrition (1988) from the Pennsylvania State University, where her thesis focused on Childhood Obesity and Television Viewing, replicating a study by Bill Dietz. She also holds a bachelor of science in home economics, with an emphasis in nutrition from the University of Texas at Austin. She is also a Registered Dietitian. Since 1978 she has held clinical, administrative, and public health management positions in dietetics, spending 18 plus years with the WIC Program at both the local and state levels. Special projects have included statewide development and successful implementation of a 5.6 million dollar decentralized WIC computer system and development and evaluation of a nationally-recognized nutrition education approach, "Facilitated Nutrition Education." Approximately 22 other states have received training in this innovative method.

Jane coauthored and received several EBT Special Projects grants for collaboration with the Texas WIC and Food Stamp Programs, New Mexico Food Stamp Program, and TANF Program to implement one of the first hybrid Smartcards in the country in New Mexico and Texas. For the last two years, she coauthored a WIC Special Project grant, "Feeding Relationships," which entailed collaboration with New Mexico State University and Ellyn Satter to educate nutritionists and family therapists across the state to act as support for high-risk nutrition clients.

She is a partner in the USDA Inter-departmental Colonias Project, which implemented five mobile WIC units for services to rural areas. She coauthored and received a grant for a project entitled "Classrooms Without Walls: A Bridge to Careers for Under-served Populations," which was a collaborative effort with Santa Fe Community College and the University of New Mexico to educate rural women in nutrition coursework through distance technology. She is currently working to develop with the University of New Mexico and Santa Fe Community College a new four-year distance education augmented bachelor's degree in nutrition.

DEANNA TORRES, MPA

Nutrition Education Coordinator

New Mexico Department of Health - Santa Fe, New Mexico

Deanna Torres is the state Nutrition Coordinator for the New Mexico WIC program. She has been in her current position for 12 years. Before that, she worked as a clinic WIC nutritionist for five years. She holds a bachelor of science degree in nutrition and dietetics and a master's degree in public administration. Training WIC staff to provide Facilitated Nutrition Education is her favorite part of working with the WIC program.

MARY VAN ECK, MS, RD

Nutrition Education Coordinator

Texas WIC Program - Austin, Texas

Mary Van Eck has been with the Texas Department of Health for eight years. As the Nutrition Education Coordinator she oversees the Texas WIC Program's nutrition education and breast-feeding promotion activities. She worked in the Austin Travis County WIC Program for two years following the completion of the Coordinated Program in Dietetics at the University of Texas. Mary is proud to have received her bachelor's and master's degrees from Michigan State University in East Lansing, Michigan (still rooting for the Spartans!).

Mary has been married to her husband Bradley for 25 years, and her greatest accomplishments are her four children – two in college and two in high school – who keep her active, busy, and full of good stories to tell. In her spare time, she stays active by running, walking, roller-blading, bicycling, and, of course, shopping.

JANET GUIDRY, MPH, LDN, RD

Nutrition Coordinator

Louisiana Maternal and Child Health Program - New Orleans, Louisiana

Janet Guidry works for the Maternal and Child Health Program where she develops nutrition protocols and guidelines as well as nutrition education support materials and training for the Office of Public Health staff and others.

She began her public health work 20 years ago by providing WIC services in Mississippi and later working in the state's WIC office. Janet currently works for the Louisiana Maternal and Child Health Program as their Nutrition Coordinator and with the WIC Program where she addresses issues of childhood obesity, maternal weight gain, and the promotion of breastfeeding.

ELIZABETH SLOAN, MS, LDN, RD, CDE

Nutrition Education Coordinator

Louisiana WIC Program

Beth Sloan is responsible for developing nutrition education materials for the Louisiana WIC Program, implementing new and innovative lesson plans and teaching methods for the paraprofessional staff, and coordinating initiatives with other public health programs.

She started her career with the Louisiana Office of Public Health, WIC Program in February 2002. Prior to joining the public health arena, Beth worked as a clinical dietitian in the private sector for 11 years in the areas of wellness, cardiac disease, and diabetes education. She is thrilled to be a part of such a wonderful program as WIC and hopes to continue for many years.

MELINDA NEWPORT, MS, RD, LD

Director of Nutrition Services

Chickasaw Nation WIC Program - Ada, Oklahoma

Melinda Newport has worked with community nutrition programs for 20 years. As Director of Nutrition Services for the Chickasaw Nation, she administers the WIC Program, the Food Distribution Program, both WIC and Senior Farmers' Market Nutrition Programs, and the clinical nutrition and food services for the Health System. Chickasaw Nation was among the very first tribes to be awarded Farmers' Market grants and was very honored to have been selected for the most distinguished award USDA gives – the Pyramid of Excellence Award – in 2001 for their innovative grocery store method of serving those in the commodity food program.

Having been a former president of the National WIC Association, Melinda has long been actively involved in advocacy for nutrition programs. Melinda's passion for excellence and optimizing opportunities in nutrition programs has allowed many Native American families increased access to nutritious foods and nutrition education that has enhanced their overall quality of life.

DEBI TIPTON, MS, RD, LD

WIC Nutrition Coordinator

Chickasaw Nation WIC Program - Ada, Oklahoma

Debi Tipton is a Registered Dietitian with a masters degree in food and nutrition. She has been working in the world of WIC for 14 plus years. Debi is currently the Nutrition Coordinator and Program Manager for the Chickasaw Nation WIC Program in Ada, OK. She has served on the NWA Board of Directors as the Chair of the Nutrition Section and has been an active participant in the original RISC committee working with USDA toward the development of the standardized WIC Nutrition Risks. She is the mother of three healthy children, all fully breastfed. She and her husband live in the country and are actively involved in raising cattle and rearing children.

RUBY WOLF

WIC Director

Pueblo of Zuni - Zuni, New Mexico

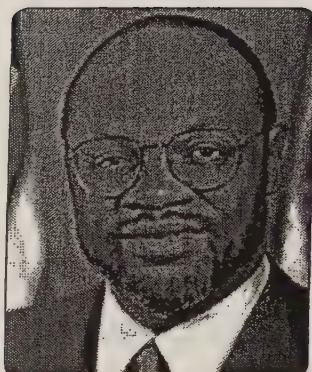
Ruby Wolf started the WIC program in January 1979 and since that time has served in various positions within the program. She established the breastfeeding program, coordinated the special children's clinic to serve high risk cases, assisted in creating the Zuni Play Ground, developed a fruits and vegetables program, and produced Native American educational videos. Ruby was one of the first paraprofessionals to be certified and is an active participant in most USDA workgroups.

Ruby is a member of the Zuni Board of Education, an Ambassador of the University of New Mexico, Board Member of the University of New Mexico, and a member of the National Indian Native American Coalition. Ruby is interested in political science and her hobbies include playing with children.

In addition to the members of the NSPI group, this teleconference was a result of much hard work and effort by the following talented staff in the Health Communications Division, Bureau of Support Services, Associateship for Family Health at the Texas Department of Health:

Anne Vexler, Manager, Media/Creative Services and Outreach; *Yolanda Baz Dresch*, Lead Producer; *Jane Ulrich*, *Betty Castle*, *Pam Welch*, *Rich Tharp*, *Tom Bleich* and *Brent McMillon*, writers, and production staff.

The NSPI workgroup would also like to thank *Linda Brumble*, *Missy Hammer*, and *Shirley Ellis* of the TDH Training and Technical Assistance Division for their countless hours of assistance with registration, facilitator training, and continuing education accreditation.



ERIC M. BOST

Under Secretary for Food, Nutrition, and Consumer Services
U.S. Department of Agriculture

Education

Bost holds a BA in psychology from the University of North Carolina at Chapel Hill and an MA in special education from the University of South Florida.

Positions Held

- Eric M. Bost was sworn in as Under Secretary for Food, Nutrition, and Consumer Services on June 18, 2001.
- Before his appointment as FNCS Under Secretary, Mr. Bost served as Commissioner and Chief Executive Officer of the Texas Department of Human Services (DHS), headquartered in Austin since August 1997.

Accomplishments

As Texas DHS commissioner, Bost provided leadership and expertise in welfare reform, child welfare, and nutrition assistance as head of one of the largest human services agencies in the country, with more than 15,000 employees in about 500 offices. He also has responsibility for managing a \$5 billion budget. The DHS administers State and Federal programs for more than two million Texans each month who are low-income, aged, or disabled. Bost also served as the state representative at the American Public Health Services Association's CEO strategy meetings in development of policy, program administration, and Federal-State relations.

From 1994 - 1997 he was deputy director of the Arizona Department of Economic Security (DES), a comprehensive human services agency based in Phoenix, with annual resources that exceeded \$2.4 billion and employed 9,400 people. Bost provided leadership for strategic planning, policy development and implementation, media relations, and legislative affairs for the Arizona DES, responsibilities that included welfare reform, child welfare, managed care programs, long-term health care, aging and community services, and protective services for children and adults.

During 1993 - 1994, Bost was assistant director of the Arizona Division of Developmental Disabilities, a statewide social services division serving over 16,000 individuals with developmental disabilities. He served as director of the Mental Retardation and Developmental Disabilities Administration with the District of Columbia's Department of Human Services from 1992 - 1993.

Starting in the 1980s and up to the early 1990s, Bost held a series of increased leadership positions in human services agencies and residential facilities in Canonsburg, PA; Buckley, WA; American Fork, UT; Ft. Myers, FL; and Goldsboro, NC. He began his career as a social worker at the Caswell Center in Kinston, NC, from 1974 - 1977, and then served as director of its Mental Retardation Unit during 1980.



ESTHER PHILLIPS

United States Department of Agriculture (USDA)
Food and Nutrition Service (FNS)
Southwest Regional Office (SWRO)

Education

Esther Phillips holds a bachelor's degree from the University of Texas at Dallas in business and public administration, and attended the USDA Graduate School's Leadership Institute where she was a member of their first graduating class.

Accomplishments

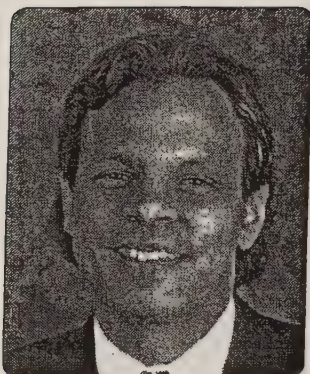
Esther Phillips has recently been named the Deputy Regional Administrator for the USDA Food and Nutrition Service, Southwest Regional Office in Dallas, Texas.

Prior to accepting this position, Phillips served as a Regional Director for FNS, overseeing the administration and operation of USDA's Food Stamp Program – the nation's largest and most successful nutrition assistance program – in the five-state Southwest Region.

Phillips' experience during her career with the Food and Nutrition Service includes working as the Regional Civil Rights Director where she was responsible for the management of the Southwest Region's Civil Rights and Equal Employment Opportunity Programs, with jurisdiction over all 15 USDA food assistance programs in the states of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. A certified trainer, she has represented the Food and Nutrition Service as an HIV/AIDS Education and Awareness Counselor, providing information and insight to both the federal community and the private sector.

A member of the federal community since 1970, Phillips has held widely varied positions in FNS, including personnel management and food assistance programs. Her hands-on knowledge of the unique challenges presented by the Food Stamp Program, WIC, and the Food Distribution Program on Indian Reservations, has given her the background necessary to become one of the most dedicated and innovative Federal Managers in the country.

Phillips is well known for her work on civic and community projects in the Dallas area, where she resides with her husband, a church pastor. In her private life, as well as her professional life, the Southwest Region's Deputy Regional Administrator is known for her leadership, commitment, dedication, style, serenity, and charm.



EDUARDO J. SANCHEZ, MD, MPH

Texas Commissioner of Health

Education

Dr. Sanchez received his medical degree in 1988 from the Southwestern Medical School in Dallas and he holds a master's in public health from the University of Texas Health Science Center and a master's in biomedical engineering from Duke University. He has bachelor's degrees in biomedical engineering and chemistry from Boston University.

Positions Held

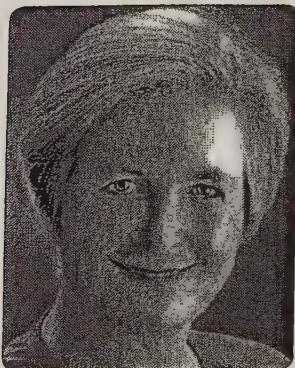
Sanchez became Commissioner of Health on November 5, 2001. He is a board-certified family practice physician, actively practicing in Austin since 1992. Sanchez served as Health Authority and Chief Medical Officer for the Austin-Travis County Health and Human Services Department from 1994 to 1998.

Accomplishments

Eduardo J. Sanchez, MD, MPH, serves as Texas Commissioner of Health. He leads the Texas Department of Health, one of the state's largest agencies, with a staff of about 5,000 and an annual budget of \$1.7 billion. As Commissioner and Chief Health Officer for the state of Texas, Sanchez oversees programs such as licensing and certification, disease prevention and control, bioterrorism planning, environmental health, and the TDH laboratory, one of the largest in the nation. As a member of the U.S. – Mexico Border Health Commission, he advises the federal government on border health issues.

Dr. Sanchez considers the problem of obesity a public health issue of highest priority and has listed nutrition and physical activity as the first of five priorities for TDH to address. In February of 2003, Dr. Sanchez represented the department at a groundbreaking conference, co-sponsored by TDH and the Texas Public Health Association entitled, "Promoting Healthy Weight in Texas." The Strategic Plan for the Prevention of Obesity in Texas was first presented at this conference. The Statewide Obesity Taskforce, a group of public health professionals, community groups, and stakeholders, coordinated by TDH, developed this plan.

Dr. Sanchez grew up in Corpus Christi, is married to Katherine Sanchez, has three children and is expecting a fourth child in May. He is a dedicated jogger and enjoys sharing his love of physical activity with his family.



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www.montanadieteticassociation.org/promo.html
www.billingsclinic.com/nutrition
www.pizzazzpresents.com

DAYLE HAYES, MS, RD

Education

Hayes graduated summa cum laude from the University of Massachusetts-Boston and received a master's degree in community health education from the University of Massachusetts-Amherst.

Professional Affiliations

From 1994 to 1998, Hayes served on *The American Dietetic Association (ADA) Board of Directors* where she chaired the *Public Initiative Team and Technology Task Force*. She also is a media spokesperson and past president of the *Montana Dietetic Association*.

Publications

Dayle authored **Moving Away from Diets** and **Put Your Best Food Forward**; created a nutrition game, **5 A Day BINGO**; and produced several videos, including: **Body Trust: Undieting Your Way to Health and Happiness** and **Getting a Head Start with 5 A Day**.

Awards

Her video series on healthy eating, **PRO-HEART KITCHEN: The Food-Heart Connection**, received three awards: the *Anita Owen Award for Innovative Nutrition Education Programs for the Public*, a *Governor's Health Promotion Award*, and an *Outstanding Community Health Promotion Program Award from Centers for Disease Control and Prevention*. In recognition of her leadership and professional dedication, Dayle has received numerous honors and awards, including: *Montana Dietitian of the Year* (1991); an *Excellence in Nutrition Education Award from Western Dairy Council* (1991); a *Montana Addy from the Montana Advertising Federation* (1994); and *ADA Excellence in Consultation and Business Practice Award* (2000).

Dayle Hayes is an award-winning author, educator, and pioneer dietitian in electronic nutrition communications. In her speaking and writing, Hayes brings a delightful blend of practicality and pizzazz to everyday nutrition advice. Her creativity and common sense have made her a sought-after speaker and workshop leader for professional and consumer groups around the country.

From her home base in Big Sky country – Billings, Montana – Dayle writes a weekly newspaper column and appears frequently on TV and radio as a nutrition expert. She has been quoted in *USA Today*, *The New York Times*, *Chicago Tribune*, *Working Mother*, *Prevention*, *Fitness*, and numerous other national publications.



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SUSAN L. JOHNSON, PhD

Assistant Professor, Department of Pediatrics
Director, The Children's Eating Laboratory
University of Colorado Health Sciences Center, Denver, CO

Education

- 1994 – 1996 NIH Postdoctoral Fellow, Department of Pediatrics, University of Colorado Health Sciences Center
- 1993 PhD nutritional sciences, University of Illinois at Urbana-Champaign
- 1987 MS nutrition science, The Pennsylvania State University
- 1980 BS biology, University of North Carolina at Chapel Hill

Faculty Positions Held

- *Assistant Professor*, Department of Pediatrics, University of Colorado Health Sciences Center; *Director*, Children's Eating Laboratory; The GoodLIFE Clinic – Pediatric Obesity Treatment Clinic
- *Instructor*, University of Colorado Health Sciences Center, Center for Human Nutrition

Awards & Honors

Margaret Ritchie Distinguished Speaker, 2001 • Ruth C. Bowling Award for Excellence in Nutrition Education, 2001 • NIH Postdoctoral Fellow, 1994, 1995, 1996 • Gamma Sigma Delta Honor Society, 1993 • ILSI-NF Keystone Symposium Award, 1992 • NIH Predoctoral Fellow, 1988, 1989, 1990

Professional and Scholarly Affiliations

American Dietetic Association – Pediatric Dietetic Practice Group • Society for the Study of Ingestive Behavior – Program Planning Committee • Department of Preventive Medicine – UCHSC Affiliate Faculty • University of Colorado – Denver Adjunct Faculty

Dr. Johnson is an *Early Childhood Nutritionist* in the *Department of Pediatrics, UCHSC* and practices clinically at *The Children's Hospital of Denver*. Dr. Johnson's primary focus is research related to factors that influence the development of children's food intake and eating patterns. She conducts research at *The Children's Eating Laboratory* that centers on how child-feeding practices, both at home and in child-care, impact children's food preferences, their energy intake patterns, and their weight outcome. Dr. Johnson is a *Steering Committee member* of the *Colorado Nutrition Network* and has consulted with them to develop innovative preschool nutrition education materials that are experiential and developmentally appropriate. She also is a founding member of the *About Feeding Children* group – a multi-state consortium of nutrition, human development, and child-care professionals. The mission of this group is to identify opportunities for enhancing the mealtime curriculum and environment in childcare. Dr. Johnson also conducts trainings nationally for health care professionals, childcare providers, and WIC professionals who interact with children in the feeding environment and who advise parents regarding child-feeding practices.



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PAT LYONS, RN, MA

Registered Nurse, masters degree in psychology.

Experienced public health education and health promotion specialist who has worked with a variety of private, federally funded, community-based, and tribal organizations in both urban and rural areas.

Publications

Coauthor: *Great Shape: The First Fitness Guide for Large Women* (1988)

Positions Held

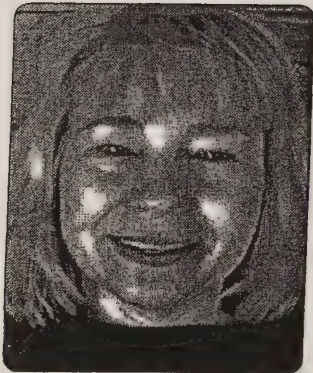
- *Founder/Director Connections Consulting*, focusing on Health @ Every Size research, program development, and education to improve access to health care, fitness, and other self-care activities for people of all sizes, 1997 – current.
- *Regional Health Education Consultant*, Kaiser Permanente Northern California Region, 1989-97.

Professional Affiliations

- Managed the Great Shape Program and developed health education materials supporting the Health @ Every Size (H@ES) perspective on weight.
- Key educator in numerous programs, workshops and video conferences for health professionals, Kaiser members, and a variety of community groups.
- Invited speaker at numerous conferences for health professionals and lay audiences, addressing fitness, body image, weight prejudice, nutrition, and public policy related to these issues.
- Steering Committee member of the UC Berkeley Center for Weight and Health.

Current Projects

- *Great Shape Coaching* for individuals, groups, and organizations wanting to make fitness fun and doable for all.
- Consultant, California statewide project: *Children and Weight: What Schools and Communities Can Do About It*.
- Consultant, YMCA of the East Bay, Children's Health Initiative; the *Feelin' Good Fitness* project providing PE for 4000 elementary school students; building community support for youth fitness.
- Advisory Board member, *The Body Positive*, a non-profit education and training group producing videos and curriculum promoting healthy body image and Health@ Every Size in youth and adults.



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PAM McCARTHY, MS, RD

Change Agent

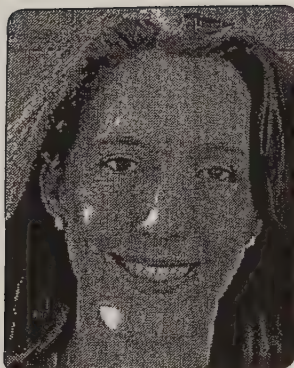
Education

Pam McCarthy was a student at St. Olaf College in Northfield, Minnesota and continued her studies at the Mississippi University for Women. She has degrees in home economics and education and is also a Registered Dietitian.

She lives by the motto "Jump and the Net Will Appear." Her life-long search for creative and innovative ways to get things done has resulted in exciting projects, worldwide travel, and a messy desk. Never content, she combines passion and listening skills in her quest to change the world.

Pam's specialty is big, bad, bold ideas. Her creative surges result from listening to people and determining their real needs and wants. She's been listening to people via focus groups for over 15 years, always digging deeper for the emotional as well as rational reasons for why people change. As a consultant to programs worldwide, she mixes the sciences of marketing, advertising, and health education to create high impact programs.

Pam has been married to her high-school sweetheart for 30 years. She survived the teen years of two children and is amazed that they both are now normal semi-adults. She loves living in St. Paul, Minnesota. Surprisingly, she still can't cook and the smell of smoke usually precedes meals.



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JANE C. PEACOCK, MS, RD

Family Health Bureau Chief, New Mexico Department of Health.

Education

- 1988 She holds a master of science in nutrition from The Pennsylvania State University, where her thesis focused on Childhood Obesity and Television Viewing, replicating a study by Bill Dietz.
- 1978 Registered Dietitian
- 1978 She also holds a Bachelor of Science in home economics, emphasis Nutrition from the University of Texas at Austin.

Positions Held

- Since 1978, she has held clinical, administrative, and public health management positions in dietetics, spending 18 plus years with the WIC Program at both the local and state levels.

Special Projects

Special projects have included statewide development and successful implementation of a 5.6 million dollar decentralized WIC computer system, development and evaluation of nationally recognized nutrition education approach, *Facilitated Nutrition Education*. Approximately 22 other states have received training in this innovative method. She coauthored and received several EBT Special Projects grants for collaboration with Texas WIC and Food Stamp Programs, New Mexico Food Stamp Program, and TANF Program to implement one of the first hybrid *Smartcards* in the country in New Mexico and Texas.

Current Projects

For the last two years, she coauthored a WIC Special Project grant, *Feeding Relationships*, which entailed collaboration with New Mexico State University and Ellyn Satter to educate nutritionists and family therapists across the state to act as support for high-risk nutrition clients. She is a partner in the USDA Inter-departmental Colonias Project, which implemented five mobile WIC units for services to rural areas. She coauthored and received a grant for a project entitled *Classrooms without Walls: A Bridge to Careers for Under-served Populations*, which was a collaborative effort with Santa Fe Community College and the University of New Mexico to educate rural women in nutrition coursework through distance technology. She is currently working with the University of New Mexico and Santa Fe Community College to develop a new four-year distance education augmented bachelor's degree in nutrition.



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CAROLYN DUNN, PhD

Associate Professor and Extension Specialist
North Carolina State University
North Carolina Cooperative Extension Service

Education

- | | |
|------|---|
| 1988 | Ph.D. University of North Carolina at Greensboro, nutrition |
| 1984 | M.S. University of North Carolina at Greensboro, nutrition |
| 1983 | B.S. Meredith College, home economics |

Positions Held

- *Associate Professor and Extension Specialist, Food and Nutrition*
Department of Family and Consumer Sciences, NC State University, 1996 -present.
Appointed as Associate State Program Leader for the Department in 2002.
- *Assistant Professor and Extension Specialist, Food and Nutrition*
Department of Family and Consumer Sciences, NC State University, 1990 -1996.
- *Assistant Professor, Department of Home Economics*
Marshall University, Huntington, West Virginia, 1989 -1990
- *Visiting Lecturer, Department of Food, Nutrition and Food Service Management*
University of North Carolina at Greensboro, 1988 -1989.

Professional and Scholarly Affiliations

Academy of Faculty Engaged in Extension (inducted in 2000) • NC Initiative for Healthy Weight in Children and Youth – Task Force Member and Chair Primary Prevention Committee
• North Carolina Institute of Nutrition • North Carolina Association of Cooperative Extension Specialists • Society for Nutrition Education

Dr. Dunn is a Nutrition Specialist with the NC Cooperative Extension Service, NC State University. She provides program expertise and statewide leadership for women's and children's nutrition and wellness. She conducts in-service education programs in child nutrition, physical activity, and women's wellness. She develops nutrition education materials to be used by extension agents across North Carolina and links with other state level agencies dealing with nutrition and health concerns. She is the coauthor/developer for **Color Me Healthy**, a nutrition and physical activity program for preschool children. She also is cocreator of **SyberShop** and **Women Living Healthy Women Living Well**, CD-ROMs on nutrition and physical activity. Her applied research efforts address the problems of reaching audiences with nutrition education, assessing the population with respect to nutrition information needs, and the preferred mode of delivery and format of materials.

Dr. Dunn is an adjunct faculty member at UNC-G and frequently works with graduate students both in the classroom and on research projects. She is chair of the Primary Prevention Committee of the NC Task Force on Healthy Weight For Children and Youth.

MYTHS AND REALITIES

DAYLE HAYES

1. **Myth:** You have to **DIET** in order to lose weight and get in shape.

REALITY: **DELICIOUS NUTRITION** can help your whole family enjoy good health.

2. **Myth:** Nutrition is really **COMPLICATED** and **EXPENSIVE**.

REALITY: **EATING WELL** can be as simple as choosing more brightly colored foods.

3. **Myth:** Good nutrition and weight loss can be found in a **PILL** or **POWDER**.

REALITY: **WHOLE FOODS** have the nutrition power that our bodies crave.

4. **Myth:** You have to **EXERCISE** to lose weight and get in shape.

REALITY: **FUN** physical activity can help every body move toward a healthy weight.

5. **Myth:** You need a **GYM** or **FANCY EQUIPMENT** to get enough activity.

REALITY: **MOVING MORE** is as simple as putting one foot in front of the other.

6. Myth: Getting fit is nearly **IMPOSSIBLE** in our busy lives.

REALITY: You can fit **FITNESS** into every day. You can get fit anytime, anywhere!

7. Myth: Pregnant women **HAVE TO** make a decision to breastfeed **OR** bottle feed.

REALITY: New moms can do a **COMBINATION** of breastfeeding and bottle-feeding.

8. Myth: It's **VERY HARD** to keep your kids from watching too much TV.

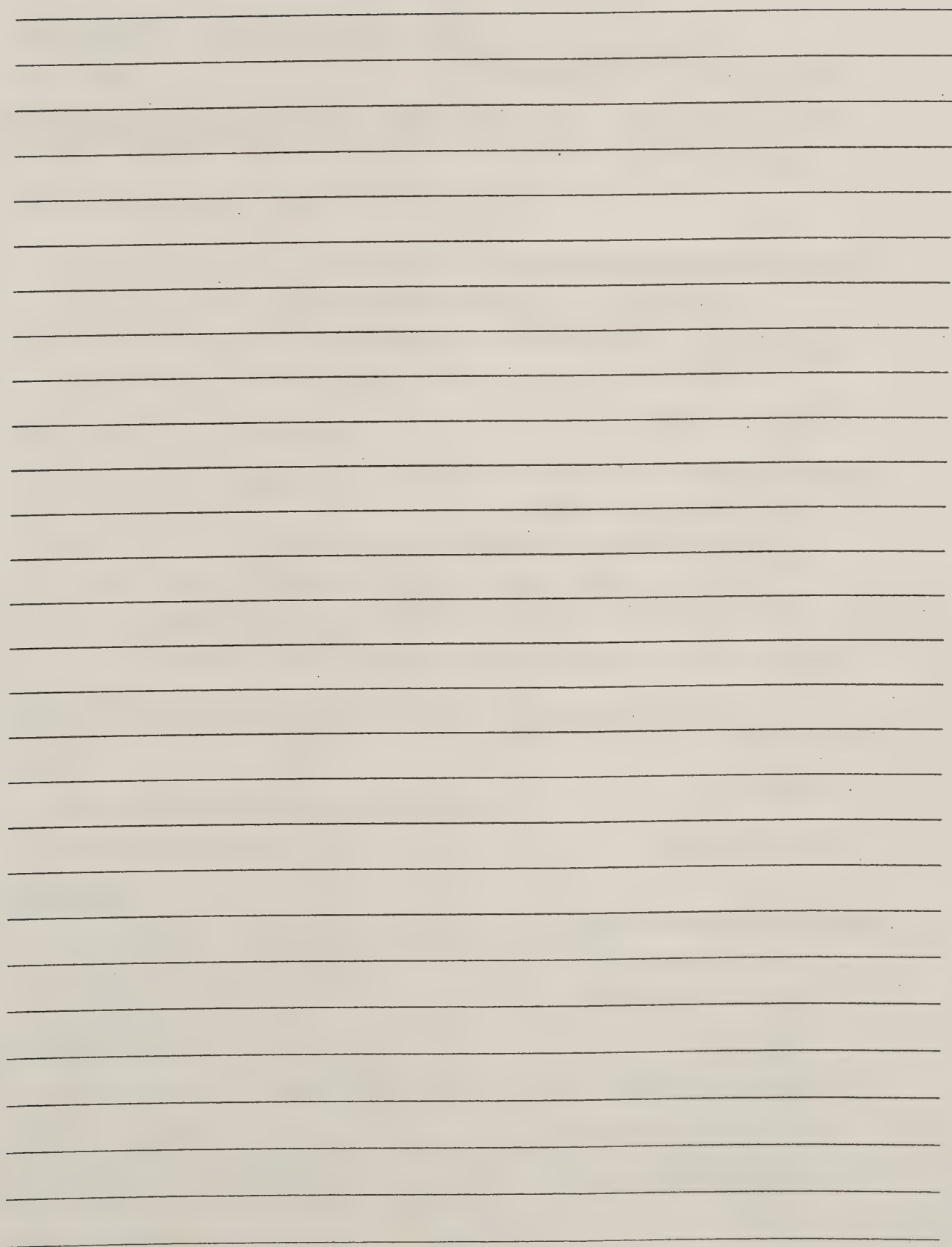
REALITY: **SETTING LIMITS**, like on TV time, is one of your most important parental jobs.

9. Myth: At **WIC**, we **ONLY HAVE 15 MINUTES** to do nutrition education.

REALITY: Fifteen minutes of effective **PERSUASION** can make a **BIG** difference.

10. Myth: If we **EDUCATE** people about enough health facts, they will change.

REALITY: Using effective tools of **INFLUENCE**, we can help **WIC** grow healthy families.



GREAT SHAPE: FITNESS IS FOR EVERY BODY

PAT LYONS

Fitness is about behavior, not body size.

- There are many benefits of activity for adults and kids.
- Attitude is everything.
- Steps for success:
 - Make physical activity do-able.
 - Emphasize small steps.
 - Keep it fun.
 - Notice and affirm specific benefits and progress.
- Everyone can be a role model for living an active life.

Getting started: You can start right now.

- Getting started.
- Working with parents.

Body image and physical activity.

- www.bodypositive.com
- www.thebodypositive.org
- www.somethingfishy.com
- www.CANfit.org
- www.melpomene.org
- www.radiancemagazine.com
- www.junonia.com
- www.commuteraerobics.com

PLAY MESSAGES

PAT LYONS

PLAYING WITH YOUR BABY

Why is it important for my baby to be active and play?

- Your baby's brain grows quickly during the first year of life. Learning begins with play!
- Your baby will be able to explore more and more as he learns to move around.
- Everyone needs to be active – even babies. Play with your baby!
- Get your baby out of the crib, playpen, or infant seat and let him move!

What kinds of play do babies like?

- Babies like to take things in and out of containers. They also like to reach for things out of their reach.
- Babies like to crawl over, under, and around things (pillows, chairs, and boxes).
- Babies like to play with things that are different colors, shapes, and sizes.
- You are your baby's first and most important teacher. Your baby is counting on you to play with him! Take time every day to play!

SOME ACTIVITIES TO DO WITH YOUR BABY:

Outside:

- Let your baby crawl around on a blanket outside.
- * Babies love to be outdoors!

Bubble Burst:

- With your baby in a baby seat, blow bubbles within her reach.
- Show her how to pop the bubbles.

Row, Row, Row Your Boat:

- While sitting on the floor, put your baby between your legs so that both of you are facing forward.
- Grasp a rolled up newspaper in front of her arms so that both of you are holding it.
- Gently reach forward and back in a rowing motion.

Stretch and Wiggle:

1. Stretch your arms.
2. Wiggle your toes.
3. Shake the rattle.
4. And pat your nose.

Explore:

1. Be sure your house is safe for baby to explore! No small things on the floor!
2. Empty cardboard boxes.
3. Turn over chairs or clothes baskets.
4. Put blankets over chairs.
5. Crawl around, over, under, in, and out.

Toys to play with:

- Plastic floor mirrors
- Pop-up toys
- Rattle
- Bubbles
- Mobiles
- Soft blocks
- Soft balls

Things at home to play with:

- Spoons
 - Plastic bowls
 - Empty pie tins
 - Plastic cups
 - Empty paper towel tubes
 - Empty boxes
 - Empty baskets
- * Make sure that items are **BIGGER** than the inside of a toilet paper roll to prevent your baby from choking.

Games to play:

- Peek-a-boo
- Hide-and-seek
- Pat-a-cake

PLAYING WITH YOUR BABY HELPS YOUR CHILD GROW SMARTER, STRONGER, HEALTHIER, AND HAPPIER.

Play helps your baby:

- Learn about his body and the world around him.
- Build a special bond with you and other family members.
- Sleep better.
- Have strong bones, lungs, and heart.
- Build strong muscles that will help him learn to walk, and learn other skills.
- Feel good ... especially if you play with him!

YOUR BABY DESERVES THE BEST START. SHOW YOUR BABY THE JOY OF PLAY!

Activities to build large muscles:

- Pulling up
- Rolling over
- Sitting up
- Walking
- Standing up
- Creeping and crawling
- Climbing

Activities to build small muscles:

- Picking up
- Reaching
- Shaking toys
- Turning things
- Holding

PLAY MESSAGES

PLAYING WITH YOUR TODDLER

Why is it important for my child to be active and play?

- Young children need to be active to grow and develop.
- Children need to do things over and over in order to learn them and do them well.
- Children need to explore, try new things, and discover for themselves.

What kinds of play do children like?

- Copying parents doing things.
- Playing with toys they can push and pull.
- Repeating movements or activities.
- Dumping things out of containers.

GIVE YOUR CHILD THE GIFT OF HEALTH. TAKE TIME TO PLAY WITH YOUR TODDLER.

Some activities to do with your toddler:

Super Kids:

- Help your child to jump and land safely by grasping his or her hand while jumping from low steps, curbs, or boxes.
- Practice landing on both feet and bending the knees.

Chase Me, Chase Me:

- Playfully chase your child safely in the house or playground and hug your child when you catch her.

Let's see, I'll Be:

- Ask your child to act like:
 - A tree swaying in the wind.
 - The sun rising.
 - A cat arching its back.
 - A kangaroo jumping.
 - A train chugging along a track.
 - A butterfly in the sky.

Balancing Act:

1. Lift one foot while holding on to a chair.
2. Next lift the other foot.
3. Now try it with no hands.
4. Don't forget to switch legs.

Body Part Follow the Leader:

Move your body parts as you repeat the words and encourage your child to:

1. Bend one knee and an elbow.
2. Nod your head, look high and low.
3. Shake a leg.
4. Clap your hands.
5. Wave your arms.
6. Make circles with your hips.
7. Wiggle your fingers.
8. Smile.
9. Put your feet together.
10. Pick up your legs.
11. Stomp your feet.
12. Put on music and do this together!

Toys to play with:

- Large and light balls
- Blocks
- Push and pull toys
- Rhythm instruments
- Ride on toys (push with feet)
- Tricycle
- Toys that look like adult tools ... lawnmower, rake, broom, vacuum, or shopping cart

Things at home to play with:

- Plastic or metal bowls
- Plastic measuring cups and spoons
- Pots and pans
- Wooden spoons
- Paper or plastic cups
- Oatmeal box
- Aluminum foil (make it into a ball)
- Pillows
- Sock balls
- Newspaper balls
- Dress up clothes

Games to play:

- Dance to the music
- Hide-and-seek
- Follow-the-leader

PLAYING WITH YOUR TODDLER HELPS YOUR CHILD GROW SMARTER, STRONGER, HEALTHIER, AND HAPPIER.

Play helps your child:

- Learn about his body and the world around him.
- Be creative and imaginative.
- Sleep better at night.
- Have strong bones, lungs, and heart.
- Be healthy.

PLAY IS A CHILD'S "WORK." THIS IS HOW THEY LEARN!

Activities to build large muscles:

- Dancing
- Riding toys
- Pushing and pulling
- Jumping
- Throwing
- Hopping

Activities to build small muscles:

- Piling blocks
- Using a spoon
- Drawing with jumbo crayons
- Picking up small objects
- Putting toys and puzzles together

PLAY MESSAGES

PLAYING WITH YOUR THREE TO FIVE YEAR OLD

Why is it important for my child to be active and play?

- Children learn through play.
- Play helps her get along with others.
- Play helps her learn new skills and use her imagination.
- Play helps her learn about words, feelings, and thoughts.
- Seeing and doing new things helps your child's brain to grow.

How can I make activity fun and encourage my child to play?

- Play with your child. He will enjoy spending time with you! Find activities that you both enjoy.
- Be a role model for your child. He will watch you and want to be like you.
- Encourage your child to play outside every day. Fresh air is good!
- Children need planned activities as well as free play.
- Arrange for your child to play with other children often.

SOME ACTIVITIES TO DO WITH YOUR TODDLER:

Make Believe Walk:

Help your child pretend to walk through different places:

- In the forest.
- On the moon.
- In the jungle.
- On hot sand.
- Through the snow.
- In the mud.

Marching Band:

Make some instruments using:

- Dried beans in an empty container with lid to shake (oatmeal box or can).
- Use wooden spoons to bang on pots.
- Stretch rubber bands over containers, and pull on them to make sounds.

Indoor Helping Activities:

- Pick up toys.
- Help make beds.
- Help dust furniture.
- Feed and care for pets.
- Help clean floors.
- Carry laundry.
- Help grocery shopping.

Outdoor Helping Activities:

- Help walk the dog.
- Help clean up the yard.
- Help garden.
- Help wash the dog.
- Help wash the car.
- Take walks.

Toys to play with:

- Light weight hand paddles
- Hula hoops
- Beach balls/large balls
- Tricycle
- Jump ropes
- Light weight bat and ball
- Child-size toys ... broom or rake
- Toy cars and trucks
- Blocks

Things at home to play with:

- Plastic coffee can lids (Frisbee™)
- Aluminum foil (make it into a ball)
- Empty boxes or baskets
- Newspaper balls
- Sock balls
- Dress up clothes
- Run through sprinkler

Games to play:

- Dance to the music
- Hopscotch
- Leap frog
- Hide-and-seek
- Jump rope

PLAYING WITH YOUR PRESCHOOLER HELPS YOUR CHILD GROW SMARTER, STRONGER, HEALTHIER, AND HAPPIER.

Preschoolers learn by:

- Copying
- Following examples
- Following simple directions
- Playing make believe

Your child can do these activities:

- | | |
|-------------|------------|
| • Dancing | • Kicking |
| • Hopping | • Crawling |
| • Catching | • Tossing |
| • Tumbling | • Climbing |
| • Galloping | • Rolling |
| • Skipping | • Throwing |

The skills that your child learns by playing will give him confidence.

Celebrate your life together.

Take time to play together.

THE ART OF PERSUASION: HOW EFFECTIVE ARE YOU IN USING THE TOOLS OF INFLUENCE?

PAM MCCARTHY

Tool of influence #1: Be likeable.

- _____ Smile and let the client know you're happy to see her.
- _____ Genuinely like and admire your client.
- _____ Establish a common bond between you and your client.
- _____ Use simple words rather than jargon.
- _____ Ask the client what she wants to discuss.
- _____ Believe that you share similar values with your clients.
- _____ Refrain from looks and words that may be perceived as judgmental.
- _____ Listen to the client using both your heart and head.
- _____ Suggest and advise rather than dictate and lecture.
- _____ Share your personal challenges and successes.
- _____ Offer sincere compliments that touch a powerful pulse point.
- _____ End your encounter on a high note, thanking the client for coming and saying.
how much you enjoyed seeing her.

Tool of Influence #2: Give them something.

- _____ Give something that the client perceives to be valuable.

Tool of Influence #3: Give them "exclusive" information.

- _____ Position your messages to be "exclusive" to that person.
- _____ Ask them to do a favor, give them a reason, and pause for a response.
- _____ Ask for feedback on the "exclusive" information at your next meeting.

Tool of influence #4: Let them know what others are doing.

- _____ Tell them what other great mothers are doing to prevent obesity.
- _____ Tell them what you are doing to prevent obesity in your own life and/or your child's life.

Tool of Influence #5: Get them to take a stand.

- _____ Ask clients to make a commitment verbally or in writing.

THE FEEDING RELATIONSHIP

JANE PEACOCK

TEACH STAGE-RELATED FEEDING:

- The early intervention: Teach positive feeding from birth.
- Feeding demands a division of responsibility.
- If growth is distorted, examine feeding dynamics.
- Emphasize providing, not restricting, or forcing.
- Activity: Identify common approaches to feeding that involve crossing the lines of division of responsibility.

HANDOUTS:

Refer to pages 69 - 74.

- *How To Feed Your Baby®*
- *Is Your Baby Too Big? Does Your Baby Eat Too Much?*
- *Have Meals®*
- *How to Feed Your Almost-Toddler®*
- *How to Feed Your Preschooler®*
- *The Division of Responsibility in Feeding*

PAM MCCARTHY

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EDUARDO SANCHEZ

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EMPHASIZE HEALTHY *GROWTH*, NOT HEALTHY *WEIGHT*

JANE PEACOCK

WIC'S ROLE = GETTING BABIES STARTED RIGHT!

- Be firm about staying with prevention. Don't attempt treatment.
- Levels of intervention with feeding:
 - Primary: Prevention and treatment of beginning problems.
 - Secondary: Treatment of established problems.
 - Tertiary: Treatment of entrenched problems with adjunct professional.
- Establishing positive feeding is a powerful intervention.
 - Case example: Hillary
 - Case example: Carson
 - Activity case example: Leane
- Do not attempt to limit food intake, even indirectly.
 - Weight reduction dieting is **secondary** intervention: treatment.
- How can you tell when a family is beyond primary intervention?

HANDOUTS:

Refer to pages 75 - 76.

- *Developmental Principles Guiding Feeding Practices*
- *Interpreting Growth Charts: Counseling About Growth*

PAM McCARTHY

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PAT LYONS

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SUSAN JOHNSON

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TV TIME: HELPING WIC FAMILIES MAKE BETTER CHOICES

CAROLYN DUNN

How Much TV Do We Watch?

- Adult viewing
- Child viewing

How Much Is Recommended?

- AAP recommendations over the years
- Current AAP recommendations

How Does Television Effect Children?

- Effect on their brains
- Effect on family time
- Effect on their bodies

What Are Children Watching?

- Watching mostly adult programming
- Effect of commercials
- Success of advertisers on getting their point across to kids
- Illustration of the power of media by logo recognition

Simple Solutions

- Get TV out of the bedroom
- Agree on media budget
- Set clear limits
- Make list of activities to do instead of watching TV
- Don't keep TV on all the time – tune in to specific shows
- Watch with children

YOU KNOW YOU MAY BE WATCHING TOO MUCH TV WHEN...

CAROLYN DUNN

1. The first thing you do when you enter the room is turn on the TV.
2. You eat all your meals in front of the TV.
3. There are as many TVs in your home as people.
4. You're watching a show you don't like when you realize it's a repeat and you didn't like it the FIRST time either.
5. You know the theme songs to all the shows on during prime time.
6. The number of shows you absolutely cannot miss is equal to or greater than the number of days in the week.
7. The clerk at the video store knows you on a first name basis.
8. Your cable goes out and you have the cable company on speed dial.
9. The hall closet is dedicated not to coats and hats but to DVDs, videotapes, and video games.
10. The last thing you do at night before closing your eyes is turn off the TV.

SIMPLE SOLUTIONS TO TURN OFF THE TV

CAROLYN DUNN

- 1. Get the TV out of the bedroom.**
- 2. Agree on a media budget for the family. This includes TV, videos, video games, and computer use.**
- 3. Set clear limits and stick to them. You may want to only allow TV a certain number of minutes on school nights or have a TV free evening.**
- 4. Make a list of things you want to do other than watch TV. Involve the children in thinking of things that you can do as a family instead of always watching TV.**
- 5. Don't keep the TV on all the time – tune in for specific shows.**
- 6. Don't watch TV during meals.**
- 7. Watch with your children. Discuss the shows they watch and the advertising that they see.**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page, possibly from a composition book or a legal pad. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

EATING FOR A HEALTHY WEIGHT

Want to lose weight and keep it off? Confused by all the conflicting claims, testimonials, and hype by so-called experts? These six simple steps can help you and your family move toward a healthy weight – and a fit future.

1. Forget the fads and skip the silly stuff.

Fad diets and miracle products are a waste of your time and money. There are no foods or pills that magically burn fat. There is nothing that will melt fat while you sleep. Some supplements and herbal products can be dangerous – and even deadly – for some people.

2. Build a healthy base with the Food Guide Pyramid.

Eating for a healthy weight is not difficult. You don't have to count grams of this or weigh portions of that. Let the Food Pyramid be your guide to eating right. Eat more from the base (whole grains, fruits and vegetables) and less from the tip (fats, sweets and oils).

3. Downsize your portion sizes.

The portions in fast food and sit-down restaurants are ridiculous. Just say NO to super-size, biggie-size and combo meals (save your extra \$.49 for a piece of fruit). Eat half of your restaurant meals – and take the rest home for an easy lunch or dinner tomorrow.

4. Listen to your stomach (and your brain).

Return to childhood eating patterns: Eat when you are hungry and stop when you are full. Learn to tell the difference between hunger and the things that food cannot fix, like boredom, loneliness, fear, anxiety and pain. Deal with feelings directly, not with food.

5. Snack smart and drink plenty of fluids.

Snacks and drinks can fill your body with extra, empty calories. Make between-meal foods and beverages count with high-energy choices. Skip the pop and candy machines – and refuel and rehydrate with yogurt, string cheese, nuts, veggies, fruit, juice and water!

6. Enjoy all foods, just don't overdo it.

Who wants a restrictive diet that takes away your favorite foods? How long will you be able to avoid all the things you love to eat? Eating for a healthy weight means a realistic, flexible eating style – that allows you to enjoy a lifetime of delicious nutrition.

DANGER SIGNS OF A FAD DIET

Want to maintain a healthy weight? Want to build muscle and lose fat? Confused by conflicting claims, testimonials, and hype by so-called experts? These signs can help you spot a diet disaster before it strikes you. **Forget plans, products and pills that promote:**

Rapid weight loss.

Slow, steady weight loss is more likely to last than dramatic weight changes. Healthy plans aim for a loss of no more than to pounds per week. If you lose weight quickly, you'll lose muscle, bone and water – instead of the fat you want to leave behind.

Hazardous ingredients.

Some compounds in over-the-counter products can be dangerous and even deadly. **Avoid all products with ephedra, ephedrine and Ma Huang**, which has been associated with nerve damage, heart attacks, and sudden death.

Magic foods or supplements.

There are no miracle foods or pills that melt fat away. There is nothing that will burn fat while you sleep. There are no super foods that can magically change your genetic code. And, there is no scientific proof that any food is addictive.

Bizarre quantities and limitations.

Be wary of diets that allow unlimited quantities of any food – like grapefruit or cabbage soup. Avoid any diet that eliminates entire food groups. Even if you take a vitamin/mineral supplement, you'll miss some critical nutrients.

Specific food combinations.

Forget it. Eating the “wrong” combinations of food doesn't cause them to turn to fat immediately – or to produce toxins. There is no evidence that combining certain foods or eating foods at specific times of day will help in weight loss.

Rigid menus.

Life is already complicated enough. Limiting food choices or following rigid meal plans can be an overwhelming, distasteful task. What you need is a realistic, flexible eating style that helps you be your best – at work, in school, and on the playing field.

No need to exercise.

Not likely. Regular physical activity is essential for permanent weight control – and for overall good health. The key to success is to find physical activities that you enjoy – and then aim for 30 to 45 minutes of activity on most days of the week.

*Used with permission of **Eat Right Montana:**
www.montanadieteticassociation.org/promo.html
Developed by Dayle Hayes, MS, RD*

**Celebrating
Healthy
Families**

MOVING THE HEALTHY WEIGH

Want to lose weight and keep it off? Regular, enjoyable physical activity is an essential part of any successful weight management plan. These six simple steps can help you and your family move toward a healthy weight – and a fit future.

1. Make a commitment to physical activity.

There is no way around it. An active lifestyle is essential to maintain a healthy weight. However, there's **NO** need for painful exercise or boring workouts. All it takes is a commitment to regular, enjoyable physical activity – for the rest of your life.

2. Make physical activity part of your daily routine.

Most people identify **TIME** as the biggest obstacle to exercise. The secret is to fit fitness into your normal routine. The good news is that every step counts. Set a simple activity goal: at least **10 minutes** at a time; at least **30 minutes** total; at least **5 days** a week.

3. Be active at least 10 minutes at a time.

If you have an hour to go to the fitness center, that's great. If you don't, it's still possible to get the activity you need for weight management and overall health. All it takes is **TEN minutes** of activity at a time – like walking around the block or around the mall.

4. Be active at least 30 to 45 minutes a day.

You can do it all at once; you can do 10-minute “sparks” of activity. You can do it inside; you can do it outside. You can do it alone; you can do it with friends. All you have to do is get a **TOTAL** of **30 to 45 minutes** of fun physical activity on most days of the week.

5. Be active at least 5 days a week.

Some people like the routine of going to a class at the gym, while others get bored doing the same thing day after day. Fitness classes, dancing with friends, playing with the kids, walking the dog, shoveling snow, **it all counts** – just do something every day (or almost).

6. Choose activities you enjoy.

Change the “E” word from exercise to **ENJOYMENT**. Dance with a loved one, walk the dog, or fly a kite. Put on some music, and rock around the house. If you love what you are doing, you'll keep doing it – and you'll keep moving toward a healthy weight.

Walking Works Wonders

Want to lose fat, get fit and have more energy? Want to improve your blood pressure, blood sugar, blood cholesterol and reduce your risk of disease? Amazingly, you can get all these benefits (and many more) from just putting one foot in front of the other!

1. Walk regularly.

The key to fitness is consistency. Start by picking a walk (or several small walks) that fits into your schedule – a walk to work, a walk to school, a walk at lunch, or a walk around the block. Make your walk a top priority – and aim for walking at least five days a week.

2. Walk 10,000 steps a day.

Research shows that walking 10,000 steps a day is all it takes to reduce stress, improve health, and reduce the risk of disease. With an inexpensive pedometer, it's fun (and easy) to see how quickly your steps add up from simple changes like taking the stairs.

3. Walk for transportation.

Using your legs instead of a car is one of the most efficient ways to fit fitness into your day. Try walking to the grocery store, the post office, or the restaurant. If walking all the way takes too long, park in a central location – then walk back and forth to your car.

4. Walk for fun.

Walking + friends or kids or dog = FUN. A daily walk can do double duty – as a daily dose of companionship with friends, a time to connect with family, or a way to keep your pets strong and healthy. It can also be a relaxing solo time to think or listen to music.

5. Walk outside.

In almost any weather, walking outside is possible with the right clothes and shoes. Look for safe sidewalks, country roads, and parks. Athletic fields are also fun to walk around. The ground is usually smooth – and watching a practice or game makes the time fly by.

6. Walk inside.

Remember, every steps counts – every step around the house, around the office or around the mall. You can walk around the house during TV commercials; walk around the office during break time; and walk around the mall before or after a shopping trip.

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**Celebrating
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Eating Fruit the RAINBOW Way

There's every reason in the world to eat fruit – health, taste, and beautiful colors. In fact, color is a great way to choose produce. By eating a rainbow of fruits (and veggies), you'll get a healthy dose of all the phytonutrients you need to fight disease and stay strong!

1. Eat RED fruit.

Red fruits, like **strawberries, raspberries, cherries, watermelon and ruby grapefruit**, contain lycopene – a potent cancer-fighting phytonutrient. And, it's easy to work toward your 5 A Day servings: 1/2 cup of fresh, frozen, or canned fruit equals a serving.

2. Eat WHITE fruit.

Even fruits that are white inside – like **bananas, apples, and pears** – offer nutrients that your body craves: potassium, phytonutrients, and more fiber. And, there's more good nutrition news: Dried fruit counts toward your 5 A Day (1/4 cup equals a serving).

3. Eat BLUE fruit.

Blueberries are one of the richest sources of disease-fighting antioxidants in the produce department. Fresh, frozen, canned and even dried – sprinkle them on cereal, add them to pancakes, toss them in salads, or just enjoy them as a yummy 5 A Day snack.

4. Eat GREEN fruit.

Green comes in a variety of delicious fruit flavors, like **green grapes, honeydew melon, and kiwis**. These versatile fruits are high in vitamin C – and they also provide potassium and more fiber. One regular kiwi equals a 5 A Day serving, as do most medium fruits.

5. Eat YELLOW fruit.

Golden **pineapple** is probably America's favorite yellow fruit. Fresh, or canned in its own juice; pineapple is a nutrition favorite too. Just one-half cup equals a 5 A Day serving – and packs a healthy punch of vitamin C (and some fiber too).

6. Eat ORANGE fruit.

Oranges are an obvious choice – but there are also **apricots, peaches, and cantaloupes**. Whole fruits have significantly more benefits than juice (like fiber) – but six-ounces of 100 percent fruit juice can also count towards one of your 5 A Day servings.

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PLAYING Your Weigh to Fitness

Kids need regular physical activity (30 to 60 minutes a day) to maintain a healthy weight, while growing normally. School classes and athletics count, and so do sports like Little League. Active play with friends and family is another FUN way to get moving.

1. PLAY inside.

There are plenty of ways to enjoy FUN indoor family play, without destroying the house. Turn off the TV and the computer – and play an old-fashioned game of hide-and-seek. Clear a space for wiggling, dancing, and playing with soft-foam balls and squishy toys.

2. PLAY outside.

The options for outdoor FUN are unlimited: bikes, trikes, scooters, balls, kites, Frisbees, jump ropes, squirt guns, and hula-hoops. There's also a long list of childhood games that the whole family can play together – like more hide-and-seek, tag, and hopscotch.

3. PLAY in the yard.

Whatever the size of your yard, you can turn it into a neighborhood FUN zone – with a few basic toys: a basketball hoop, a rope swing, or a sandbox depending on the age of your children. Keep it simple – and let kids use their innate creativity to stay active.

4. PLAY at the park.

Many communities have FUN park facilities. Often they are close enough so that you can leave the car at home – and walk or ride a bike. Make it a regular family outing – when the weather is nice, you can even take a picnic and play before and after dinner.

5. PLAY at the gym.

Indoor gyms offer safety, warmth, and FUN programs for kids and parents. Check your area for schools, colleges, community centers, fitness facilities, Boys and Girls Clubs, YMCA/YWCAs, and other agencies that are open evenings, weekends, and vacations.

6. PLAY on the field.

Almost every community in the USA offers sport programs for children – baseball, football, basketball, soccer, tennis, and swimming. There are programs for all ages and all levels of skill – and most emphasize FUN and the opportunity for parents to get involved.

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5 Steps to a Healthy Weight: Family Fun, Food and Fitness

Get off the diet roller coaster –
and take these five simple steps to whole family health in 2002.

BE ACTIVE

Change the “E” word from exercise to enjoyment. There’s no need for expensive health club memberships or fancy exercise equipment. Just get physical for a total of 30 to 60 minutes a day – three brisk 10-minute walks will do the trick. Just do it – and see how great you feel. Fun is also the key to family fitness, so:

- Make family time active – head to the park with a ball, or a Frisbee, or a kite.
- Walk around the ball field or school while the kids practice (or play a game).
- Plan active vacations – skiing, hiking, biking, swimming, or boating.

BE REALISTIC

Make small changes in what you eat. **BREAKFAST** is a tasty time to get a power surge for the day. Look for high-fiber and lower-fat choices:

- * Oatmeal, raisins, and fat-free milk.
- * Leftover cheese pizza and OJ.
- * Toaster waffles with fruit topping.
- * Bagel with peanut butter and milk.

BE FLEXIBLE

Balance what you eat thru the day. **LUNCHES** can be lighter when you are going out for a big dinner. Look for easy ways to lower fat intake.

- * Share a small fries with a friend.
- * Go for light mayo on sandwiches.
- * Add a fruit to your usual fast food.
- * Choose 1% (low-fat) or less milk.

BE ADVENTUROUS

Expand your tastes with **5 A Day**. **SNACKS** are the smart way to get a jump-start on the 5 servings of fruits and veggies you need every day.

- * Baby carrots and low-fat dip.
- * Banana and a carton of 1% milk.
- * Veggie juice and fat-free pretzels.
- * Canned pineapple and crackers.

BE SENSIBLE

Enjoy all foods ~ just don’t overdo it. **DINNERTIME** is the right time to enjoy moderation and to listen carefully to your signals from your stomach.

- * Try eating off smaller size plates.
- * Start with moderate portion sizes.
- * Turn off the TV and focus on food.
- * Eat slowly and chew carefully.

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Eating FAST FOODS the Healthy Way

Fast food has become the American way of eating. While there is no doubt that fast food is cheap and satisfying, it is also loaded with fat and sugar! Whether you're driving-thru or sitting-down, our six smart tips can help you eat conveniently – and healthfully too!!

1. Say NO thanks to combo meals.

Buying a combo or "value" meal may seem like a real deal, but it's often a nutrition disaster. The fast food chain makes more money – and you lose control of your choices. It's easy to get what you really want – just say "no" whenever they offer you a combo.

2. Swap super-size for smart-size.

Order a regular burger, fries and drink at Burger King® and you get 700 calories, 24 fat grams, and about 10 teaspoons of sugar. That's a serious savings over a Whopper® with King-sized fries and drink at 1,730 calories, 46 fat grams, and 27 teaspoons of sugar.

3. Share a biggie size with friends or family.

There is a smart way to make gigantic portions work for you – share them! By splitting one large portion, you can save money, while cutting calories and fat. At Wendy's, Great Biggie® fries have 250 less calories (530 calories) than two medium fries (780 calories).

4. Save money and calories with kiddie meals.

With kiddie meals, you get reasonable portions of your favorite fast foods – and a fun toy too!! Still feel hungry after a Happy Meal® at McDonald's? Order a yogurt parfait – or, better yet, bring a piece of fresh fruit for the ride back to work or school.

5. Substitute power drinks for soft drinks.

A 44-ounce soft drink has about 450 calories and cup of sugar (with no nutritional value). Skip the liquid candy – and enjoy the power of milk (with protein, calcium and vitamins); orange juice (with vitamin C and folic acid); or refreshing, calorie-free water.

6. Switch to the healthful options.

Several national chains offer tasty, healthier options, like Quizno's® and Subway® low-fat sandwiches on whole grain breads. Many have grilled chicken salads and sandwiches. Some local or regional restaurants specialize in healthful choices, like burritos or wraps.

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Eating SWEETS the Healthy Way

It's a fact: Humans like sweet treats. There's nothing wrong with enjoying sweet foods – in moderation! The problem is that we tend to go overboard on sugar, especially empty-calorie, "liquid candy" beverages. Here's how to have your sweets – and stay healthy too!

1. Go natural with fruit.

Fruit – fresh, frozen, canned, dried, or juiced – is nature's sweetest treat. Satisfying your sweet tooth with fruit means you get some real nutrition benefits – like fiber, vitamins, minerals, and disease-fighting phytonutrients – along with great taste.

2. Enjoy sweets with other foods.

Timing is everything. The best time to enjoy a sugary food or beverage is along with other foods at a meal. You'll tend to consume less if you are satisfied with other foods (especially protein foods) and the sugar you eat will have less effect on your blood sugar.

3. Resize your portion size.

Many sweets – including candy bars, cookies, and soft drinks – have been super-sized. Choosing smaller portions, like a Halloween-size candy bar rather than a king-size bar, will be far better for your health. Smaller portions can also be equally as satisfying.

4. Get exactly what you want.

One way to be satisfied with a smaller portion is to get exactly what you are craving. Some people eat through piles of treats trying to stay away from the one thing they really wanted in the first place. Take a few minutes to focus on what you really want to eat.

5. Relax and enjoy.

People often feel guilty about eating sweets, so they sneak around and wolf them down. However, eating quickly and guiltily means that you feel less satisfied. The goal is to eat less and enjoy it more. Pick a small portion of your favorite sweet, then savor every bite.

6. Use 'sugar-free' wisely.

Being sugar-free does not guarantee that product is fat-free or calorie-free. Sugar-free also does not guarantee that something is packed with protein, vitamins, or minerals. Read before you eat – and check Nutrition Facts labels to get the most nutrients per bite.

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SMART EATS for a Healthy Weight

Eating for healthy weight is not about going on (and then off) the latest diet. The best way to achieve – and maintain – a healthy weight is to make small changes that you are willing to do forever. These six smart eating habits can help you reach your health goals!

1. Eat early: Kick-start the day with a power breakfast.

Start with a protein (like yogurt, peanut butter, lean deli-meat, or an egg); add a whole grain (like high-fiber cereal, whole wheat toast, or bran muffin); and finish it off with a fabulous fruit treat (like a banana, canned peaches, frozen blueberries, or orange juice).

2. Eat regularly: Snack smart to curb the munchies.

Getting over-hungry usually leads to overeating. With power snacks nearby, you won't be tempted by donuts or vending machines. For long-lasting energy, enjoy a handful of nuts or trail mix; a piece of string cheese or beef jerky; or some creamy yogurt with fruit.

3. Eat bright: Fight disease with a rainbow of produce.

The phytonutrients in produce help fight cancer, heart disease, high blood pressure – and the effects of aging. They also add great taste and bright colors to every meal. Eat green (broccoli), red (tomato), orange (cantaloupe), yellow (squash), and purple (grapes).

4. Eat whole: Enjoy the nutrient combos in whole foods.

Nature does an amazing job of putting nutrients together. Whole grains have a bundle of fiber, folic acid and B-vitamins for healthy hearts. Dairy foods have calcium, magnesium and protein for strong bones. Lean beef has zinc, iron and protein for muscle power.

5. Eat strong: Put some protein in every meal and snack.

Protein, more than carbohydrate or fat, leads to feelings of fullness and satisfaction. Solid protein (rather than protein in a liquid form, like milk) is more satisfying. Including some protein every time you eat can be a real help in long-term weight management.

6. Eat half: Re-size super-portions to fit your needs.

Today's portions – fast food, restaurant, vending and cookbook – have all been super-sized. Many servings are two to four times what your body needs or wants. One simple solution: Cut your food portions in two; eat half; and save the rest for another time.

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SMART MOVES for a Healthy Weight

Everyone agrees that physical activity is essential for good health. While any amount of activity is better than none, experts suggest a total of 30 to 60 minutes per day. The ideal combination is a variety of activities to build aerobic capacity, strength and flexibility.

1. Move more: Every step counts toward better health.

When it comes to physical activity, every step you take has health benefits. The goal is to spend more time moving – and less time sitting. Get off the couch – and aim for at least 30 minutes of physical activity a day; at least 10 minutes at a time; at least 5 days a week.

2. Move often: Be active throughout the day.

Finding a free hour for physical activity can feel next to impossible, especially with travel and clean up. Finding 10 to 20 minutes is often more realistic. Short bursts of activity can provide the same health benefits – and help reduce daily stress at the same time.

3. Move inside: Walk the stairs, the halls, the malls.

Weather, work and hectic schedules can be obstacles to getting enough activity. The solution is to build more steps into your daily routine. Take the stairs at a power pace, walk around the office when you are on the phone, or take an extra lap around the mall.

4. Move outside: Walk, bike, blade, mow, rake, shovel.

Spend as much time outside as possible – in the yard, in the park or in the wilderness. Gardening is great way to get physical – and grow delicious produce at the same time. Always, remember to use sunscreen, wear comfortable shoes and to carry a water bottle.

5. Move for fun: Dance, skip, swing, or go fly a kite.

If you hate to exercise, just change the “E” to ENJOYMENT. Dance with someone you love, walk your dog, or, be young at heart and play with the kids. Put on your favorite music and rock around the house – it can make vacuuming a whole lot more fun!

6. Move together: Join a class or walk with friends.

Making a commitment to someone else can make it easier to fit your fitness in. Sign up together for water aerobics, line dancing or yoga. Organize a formal or informal walking group in your neighborhood – and check out the local mall walkers.

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SMART DRINKS for a Healthy Weight

Staying well-hydrated can make a difference in your health, your performance and even your attitude. Choosing power drinks (like water, milk and juice) instead of soft drinks can help you maintain a healthy weight – and quench your thirst at the same time.

1. Drink in the AM: Pour a glass of juice or milk.

Start the day out right by drinking at least 8 ounces of refreshing liquids before you leave the house. For an early morning health kick, choose a tall glass of low-fat or fat-free milk; some fruit or vegetable 100% juice; or a creamy fruit and yogurt smoothie.

2. Drink all day: Keep a water bottle handy.

Carry a bottle in the car, to work or at school – and fill it with cool water throughout the day. If you enjoy a bubbly beverage, try sparkling water or club soda instead of a sugary soft drink. For a real thirst quencher, add a squeeze of lime, lemon or orange.

3. Drink in the evening: Serve power drinks for dinner.

Skip the soft drinks and pour a power drink for the whole family. Kids of all ages need bone-building calcium and protein to stay strong and tall. Milk (1% or fat-free) is a delicious way to get powerful proteins, vitamins, minerals and fluids – all in one glass.

4. Drink before activity: Hydrate yourself with water.

Being well-hydrated enhances your athletic performance and your enjoyment. You'll do better and feel better too! Drink at least 8 to 16 ounces of water a couple of hours before you begin any intense physical activity. Then have another 8 ounces right beforehand.

5. Drink during activity: Stay cool with cool fluids.

Try to drink at least eight ounces for every half hour of strenuous activity. On a brisk walk, you can sweat as much as a quart an hour. Water is best in most situations. Sports drinks may be helpful if your activity lasts over an hour – or if the intensity is very high.

6. Drink after activity: Rest, re-fuel, and re-hydrate.

Here's an easy way to tell if you've taken in enough fluid to replace what you lost in sweat. Check your urine: If it is clear to pale yellow and nearly odorless, you're doing great. If not, pour yourself another tall glass of water – or your 100% fruit juice.

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HOW TO FEED YOUR BABY[©]

What and how are you feeding your baby? How is feeding going? What do you like about feeding? Not like? Is there anything you would like to change?

Your baby eats best and feels best about you—and about eating—when you pay attention to her and do what she wants you to do. Go by her sleeping and eating schedule. Help her stay calm and awake during feeding time. Pay attention to her signs to guide feeding. Don't worry about spoiling her—it's impossible to spoil a tiny baby.

What to do	What <i>not</i> to do
Feed her when <i>she</i> wants to eat, when she's wide-awake, but not upset.	Feed her on a set schedule. Feed when she is asleep or too upset.
Let her eat as much or as little as she wants.	Get her to eat a certain amount.
Hold her facing you so her head, back, and shoulders are in a straight line.	Let her neck, shoulders or head twist or droop. Put her down with a bottle.
Touch her cheek or lips with the nipple or show it to her. Wait for her to open her mouth.	Not let her do her part. Pry her lips open with the nipple.
Sit still during feeding. Keep the feeding smooth and steady.	Jiggle her or jiggle the bottle. Stop feeding to wipe, burp or play.
Let her eat as fast or slowly as she wants.	Try to hurry her up or slow her down.
Talk to her or touch her in a way that she likes and that helps her to stay awake.	Talk loudly or in an unpleasant voice. Not talk at all. Jiggle or tickle.
Let her stop to rest when she wants to, then again offer the nipple to make sure she has had enough.	Try to get her to keep eating or quit feeding without finding out if she wants more.
Stop feeding when she stops and relaxes.	Get her to nurse more or finish the bottle.
After the feeding, talk or play a while. Put her to bed when she's calm and drowsy.	Feed her to sleep.

IS YOUR BABY TOO BIG? DOES YOUR BABY EAT TOO MUCH?©

Why do you think your baby eats too much? Why do you think she is too big? What does her growth chart say? Does her weight stay close to the same line?

Your baby may seem big, chubby or like she eats a lot. Even if she is just fine, you may worry and hold back on feeding. Trying to get your baby to eat less scares her and makes her eat more. It makes you feel bad, too, because not letting your baby get full isn't natural. Instead, feed in the best way. She will eat as much as she needs and will grow up to get the body that is right for her—big or small, tall or short, slim or chubby.

Chances are, there is no problem:

Some babies are just big, others are small.

Babies know how much they need to eat. Some babies eat a lot, some not so much.

Babies eat a lot one day and not so much another.

Just because your baby eats a lot doesn't mean she will get fat.

It's normal for babies to get fatter, but they slim down when they get older.

However, there might be a problem if:

You worry a lot that your baby is too big.

You don't feel right about feeding her as much as she wants.

Feeding your baby isn't any fun for you—or for her.

What to do	What <i>not</i> to do
Feed her when she wants to eat.	Go by a schedule for feeding.
Feed her the way she wants to eat: much or little, fast or slowly.	Get her to take a certain amount. Try to get her to speed up or slow down.
Look and talk. Be easy-going while you feed.	Ignore her. Talk too much. Be pushy.
Pick her up, talk with her, change her pants, give her something to look at.	Feed her every time she fusses rather than seeing if something else is the matter.
Let her rest and look away. Wait. When she looks back, again offer food.	Chase her with food. Stop feeding when she stops to rest.
Keep your nerve; let your baby grow <i>her</i> way.	Try to get her to grow <i>your</i> way.

If you have trouble feeding in the best way and trusting your baby to grow well, ask for help from a dietitian or other health worker who understands feeding.

HAVE MEALS[©]

Meals are all-important. They give the foods you and your child need, and also teach your child how to eat. Choose foods you like. Put 4 or 5 foods on the table. Let your child (and yourself) pick and choose from what is on the table. Enjoy your meals. It will all add up to good nutrition.

Here is what to include at a meal:

- Protein source: Meat, poultry, fish, dry beans, eggs or nuts. If you have cereal and milk for breakfast, milk can be the protein. Cheese is a milk product, but it gives protein, too.
- Two grains or starchy foods. Put bread on the table with every meal. Your bread might be tortillas, biscuits, chapatis or fry bread. Have a second starchy food, such as rice or spaghetti. Potatoes aren't a grain, but they are starchy and easy to like. Children can eat starchy foods if they aren't ready to eat other foods on the table.
- Fruit or vegetable or both. Canned, frozen or fresh fruits and vegetables are all okay.
- Milk. Use whole milk for children under age 2 years. Only switch to lower fat milk if everyone likes it and drinks it well.
- Butter, margarine, salad dressing, vegetable dip, gravy These make foods taste better and meals more appealing. Let children eat as much or as little of these foods as they want.

Mealtime with a child: You give the food, your child eats—or doesn't eat. Don't make more or different food. Don't make her eat some of everything on the table. She is more likely to eat only 2 or 3 foods. She may just drink milk and eat bread. That is all right. Don't make a fuss. At another meal she will eat more or different food. Children don't eat much at any one time, but small helpings add up.

How to feed your almost-toddler

How is feeding going?
What do you like about feeding?
What don't you like?
Is there anything you would like
to be different?
What and how are you feeding
your child?



After your child learns to chew and swallow, she will want to eat at the table with the rest of the family. Let her. She can eat most of the soft foods everyone else eats.

What to do	What not to do
Have her sit at the table when she eats or drinks, except for water.	Let her stand or move around while she eats or drinks, even bottles.
Put her in a high chair or booster seat. Seat her straight up facing her food.	Have her seated too low to the table. Have her head and neck crooked.
Sit with her and eat your own meal. Talk and listen. Be easy-going	Talk a lot. Ignore her. Not keep her company.
Let her eat her way—much or little, fast or slowly. Let her down when she is done.	Make her hurry up or slow down. Make her eat more. Take the food away too soon.
Give food that is moist and easy to pick up, chew and swallow. Let her use her fingers or a baby spoon.	Give food that is too mushy to pick up or too dry to swallow. Give pieces that might make her choke.
Give her about a tablespoon of each food and let her ask for more.	Give her a lot or not enough. Make her eat one food before she can have another.
Let her make a mess. Put something on the floor to catch spills.	Feed her so she doesn't make a mess. Wipe and tidy up.
Give lots of chances to try new food and learn to like it.	Stop making food she doesn't eat right away.

HOW TO FEED YOUR PRESCHOOLER[®]

How is feeding going? What do you like about your child's eating? What don't you like? Is there anything you would like to be different?

Do your jobs with feeding and let your child do hers. You choose the food and put it on the table, she eats—or doesn't eat. Don't get pushy. Your preschooler wants to please you, so you *can* make her eat. However, in the long run she won't eat as well if you get pushy.

What to do	What <i>not</i> to do
Have meals about the same times every day. Give snacks at set times between meals.	Wait for her to ask to eat. Let her eat or have juice, milk, soda or Kool-Aid when she wants.
Seat her high enough to the table so she can see and reach her food.	Seat her too low to the table. Let her eat other places, standing up or walking around.
Sit with her and eat your own food. Talk and listen some to her, some to other people.	Feed her instead of eating with her. Make her the center of attention. Ignore her. Watch TV.
Plan meals. Offer 4 or 5 foods. Include 1 or 2 foods she usually likes.	Ask her what she wants. Have only 1 or 2 foods. Make only foods she likes.
Let her serve herself and eat her way: fast or slowly, much or little, 1 or 2 or 3 foods.	Pile food on. Make her taste everything or clean her plate. Offer different food. Give her bribes or rewards to make her eat.
Make some food moist and easy to chew and swallow. Let her use her fingers to load her fork or spoon.	Have food be dry, tough or hard. Not let her use her fingers. Scold her about her manners.
Let her dish out 2 or 3 tablespoons of each food. Let her have more if she wants.	Give her a lot or not enough. Make her eat everything she takes. Not let her have more.
Make her behave so you can have a nice meal. Let her leave the table when she is done	Put up with bad behavior or make her stay in hopes she will eat.
Give lots of chances to try new food at different meals on different days.	Stop making food she doesn't eat, even after 5 or 10 meals.

THE DIVISION OF RESPONSIBILITY IN FEEDING

Feeding demands a division of responsibility. This is Ellyn Satter's golden rule for feeding.

The Division of Responsibility for Infants:

- The parent is responsible for what
- The child is responsible for how much (and everything else)

The parent helps the infant to be calm and organized and feeds smoothly, paying attention to information coming from the baby about time, tempo, frequency and amounts

The Division of Responsibility For Toddlers & Older Children

- The parent is responsible for what, when, where
- The child is responsible for how much and whether

Jobs parents need to do with feeding include:

- Choose and prepare the food
- Provide regular meals and snacks
- Make eating times pleasant
- Show children what they have to learn about food and mealtime behavior
- Not let children graze for food or beverages between times

One of the parent's job is to trust children to do their jobs with feeding. If parents do their jobs with feeding, children do their jobs with eating:

- Children will eat
- They will eat the amount they need
- They will eat an increasing variety of food
- They will grow predictably
- They will learn to behave well at the table

If parents do their jobs *and* their children's jobs, they are doing too much and may be creating feeding problems.

DEVELOPMENTAL PRINCIPLES GUIDING FEEDING PRACTICES

At all ages, developmentally appropriate feeding depends on a division of responsibility. The child must be allowed and encouraged to determine what and how much to eat from what the parent provides.

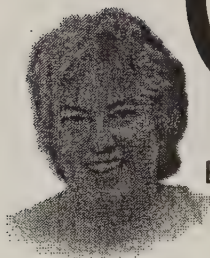
Child's age, developmental tasks	Parents' jobs in optimum feeding
Newborn 1-3 months Homeostasis Remain calm and alert Begin to be interested Filter stimuli Regulate sleep states	Core tasks: Observe and understand the infant. Respond to infant cues. Understand and respect sleep rhythms Learn to read and respond to baby's cues Time care and feeding for quiet alert state Understand baby's own temperament Be willing and able to feed on demand
Infant 2-6 months Attachment Learn to love Coordinate reflexes Move and communicate deliberately	Core task: Develop and maintain emotional give and take. Help baby be calm and alert during feeding Feed baby when she wants to eat Talk and smile; talk and smile back Understand baby's signs and do what baby wants
Older baby 5-9 months Attachment/separation individuation Consolidating attachment Beginning to experience self as separate Begins taking an interest in what lies beyond the parent	Core task: Understand and support the child's interest in things Understand baby's development: eating skills and body control Start solids based on what baby can <i>do</i> , not how old she is Feed the way baby wants to eat: fast or slow, little or much, brave or cautious Give baby many chances to like new food Have family meals the child is working toward joining
Almost-toddler 7-15 months Separation individuation Begins to experience self as separate Cares deeply about doing it him- or herself	Core task: Recognize and support the child's need to do it herself. Include the child at family meals Choose "safe" food to pick up, chew and swallow Give many chances to experiment with new food and learn to like it Time snacks so child can be hungry but not too hungry at mealtime Give attention but not <i>all</i> the attention
Toddler 11-36 months Separation individuation Somatopsychological differentiation (distinguishing feelings from sensations) Organizes behavior into sequences Develops concept of control Develops perception of self as "separate" Grapples with balancing connection & autonomy	Core task: Teach child he or she is part of the family Have family meals; scheduled snacks Don't let the child graze Eat with the child Teach the child to behave at mealtimes Don't short order cook Let the child experiment, eat much or little
Preschooler 3-5 years Initiative Learning and doing Working toward mastery Symbolic thought: "figures out" Imitates and tries to please	Core task: Do good parenting Clarify choices about parenting: Authoritarian, permissive or authoritative Provide mastery opportunities Maintain structure of meals and snacks Don't force, reward or shame Parents eat with child; don't just feed Make mealtimes pleasant

INTERPRETING GROWTH CHARTS; COUNSELING ABOUT GROWTH

Ellyn Satter, MS, RD, CICSW, BCD

Records over time of the child's weight and length/height are the best single tool for monitoring children's health, nutritional status, feeding relationship, emotional well-being and overall environment. While some children grow well and consistently despite grave environmental limitations, most show downward or upward growth divergences. Parents can understand growth charts and be accurately informed without being unnecessarily alarmed.

One growth point		
Around the mean (between 25 th & 75 th)	Follow. Teach feeding; do anticipatory guidance.	"Your child is about average in size. We will follow to see if that continues."
Below the 25 th or above the 75 th %tile	Follow. Teach feeding; do anticipatory guidance.	"Your child is smaller (larger) than most children. We will follow to see if that continues."
<5 th %tile >95 th %tile	Follow. Teach feeding; do anticipatory guidance.	"Your child qualified for WIC by being unusually small (large). That is only a problem if parents worry and try to get small children to eat too much or big children to eat too little. Our job is to help you hold steady with feeding."
Several growth points, consistent growth		
Consistent growth around the mean	Follow. Teach feeding; do anticipatory guidance.	"Your child is growing predictably and well."
Consistent growth below the 25 th or above the 75 th %tile	Follow. Teach feeding; do anticipatory guidance.	"Your child is growing predictably and well and is larger (smaller) than most children. We can expect that pattern to continue."
Consistent growth <5 th %tile or >95 th %tile	Follow. Teach feeding; do anticipatory guidance.	"Your child is growing predictably and well and that will probably continue. However, parents often worry when a child is especially small (big) and try to get the child to eat more (less). Don't do that. It will create the problem you fear."
Several growth points, inconsistent growth		
Slow smooth shift up (down) at any growth %tile	Do problem solving. If food selection and feeding are optimum, follow. Teach feeding; do anticipatory guidance.	"Children's growth can gradually go up (down) if they were small (big) to start with. They especially do that if parents are relatively big (small). Your child's size and shape is probably changing to be more like yours."
Rapid shift up or down at any growth %tile	Do problem solving. If food selection, feeding optimum, tell the doctor. MD may further check out medical issues or may refer to check out psychosocial issues. Teach feeding; do anticipatory guidance. If parent can't make changes, refer.	"It is unusual for a child's growth to shift so rapidly. Chances are everything is fine, but we want to check it out."
Note: At times twins will be very small at birth and grow rapidly the first year.		



By Pat Lyons, RN MA

Great Sh

Fitness for



Fitness ads in my local newspaper feature supermodel Cindy Crawford looking just fabulous. Of course. But what does that have to do with me?

I'm 56 years old, a size 22. Am I supposed to be inspired or intimidated? Am I supposed to think that if I go to that gym or use some machine I'll look like that? Not likely. Not even when I was 30!

But when was the last time you saw a healthy, happy, dancing, fat woman promoting health and fitness? And where are the ads showing children of all sizes, running and playing and having an active good time? There are blaring headlines of a so-called "obesity epidemic" in newspapers and health journals, but the constant equation we are sold that "fitness-slimness=health" - is simply not true. Supermodels promoting exercise as a way to look like them or become thinner is actually keeping lots of people on the sidelines of living an active life.

But being active is a key part of living a healthy lifestyle. It's for everybody. So if you've been waiting on the sidelines for some inspiration, I hope to spark your interest in getting moving no matter what you weigh today. While you may have to overcome some barriers (and we all do), no matter where you begin—even with a 5 minute walk—you'll soon find new energy and vitality if you can keep it up. But you're likely to have to challenge some long standing beliefs, both yours and those you

read in the media, to bring the joy of activity into your life for keeps. I know I did.

BEING FAT AND FIT

When I was growing up I loved recess and played lots of sports. I either walked or rode my bike to school. After school we'd run around and play until dark, or until my mother blew her whistle to beckon us home. Growing up in Iowa, smack dab in the middle of the U.S., I was one of those kids who could always tell what season it was by the games we were playing—ice skating and mad sledding in the winter; swimming, tennis and volleyball in the summer. Sometimes we'd just lie in the grass looking up at the clouds. Summers seemed endless. Looking back, it sounds ideal.

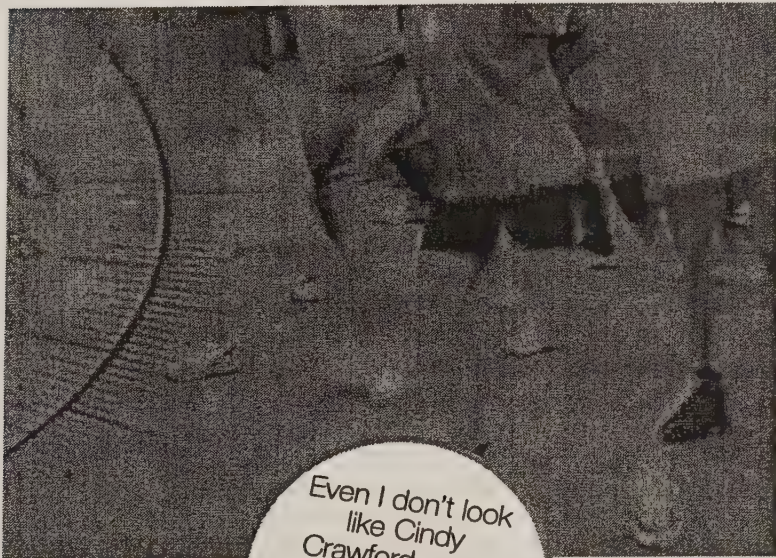
But there's a glitch in the story. Even with all the sports I played, I was a chubby kid and had been teased about being fat since I was five. By the time I was fourteen I'd become so embarrassed about my weight that I dropped off the high school tennis team and went to the sidelines. I spent the next sixteen years mostly inactive, yo-yo dieting, smoking cigarettes, taking diet pills, obsessing about food and hating myself when I inevitably gained the weight back. Finally, at age 31 I decided I had to find another way to live.

With the encouragement of a friend who taught me yoga, I decided to stop putting my life on hold "until I was thinner" and to return to my childhood love of sports. I went back out on the tennis court, began running and hiking, and eventually was able to cross country ski and go backpacking in the Sierra Nevada mountains of California. I stopped dieting, began eating nutritious food for energy and vitamins, and learned to stop categorising food as good or bad depending on how "fattening" it was. I learned to listen to what my body wanted to eat, began to try lots of new foods and threw away my scales. Over several years, and with lots of regular activity, healthy eating and a close group of friends for support, I became much more healthy. I felt whole, felt at home in my body. But I never became thin. In fact, because my weight had changed very little I was still considered "obese" by medical experts.

I began to realise that maybe the experts who said you had to be thin to be healthy were wrong. I found other women who'd had the same experience I had. Debby Burgard and I finally teamed up to write: *Great Shape: The First Fitness Guide for Large Women*, first published in 1988. It was our belief then, and it remains even stronger today, that the joy of sports and the

ape

Everybody



Even I don't look like Cindy Crawford until 2 hours in hair and make-up.
-Cindy Crawford, San Francisco Chronicle

body confidence that comes from regular activity is for everybody. Most importantly, when a focus on positive body image and self-acceptance is made an integral part of the process of learning and growing, activity can be especially healing for women and girls who have agonised about their weight. Hating your body or agonising about your weight is much worse for your health than any amount of actual pounds. Debby and I were the first to publish information about being fat and fit, because it was true for us and the many women we knew. Fortunately scientists finally caught up with us and are now publishing the research to back up these ideas.

WHY BOTHER EXERCISING IF I DON'T LOSE WEIGHT?

To become fit and fat you have to be ready to challenge the standard messages you hear all the time and be willing to keep moving whether you lose weight or not. The standard message "calories in = calories out" underlies the assumption that if you eat less and exercise more you'll lose weight. But if this was really true, people would simply do it and that would be the end of it. The truth is much more complex. Genetics is the strongest influence on body weight

and shape. Research studies with identical twins separated at birth and raised in different homes found that years later their weight was virtually identical. While people can and do lose weight, more than 95% regain it within 2-5 years according to the U.S. National Institutes of Health. If you drastically change eating and exercise habits to lose weight, you have to maintain those changes to keep weight off. But drastic change is extremely difficult to maintain.

The good news is that drastic change is not necessary to improve health. Making small changes and building up from there is a strategy much more likely to help you succeed long term. If you only focus on losing weight rather than gaining health you could end up like the woman who told me: "I started to walk every day for an hour and after just a few weeks felt really great! I had lots more energy and slept better. But then my schedule changed making it harder to walk regularly. I hadn't lost any weight, either, so I figured why bother." Alas, she stopped walking and lost all the health benefits she'd gained. But this doesn't have to happen to you. A great deal of research has been done to show the many benefits of physical activity independent of weight change.

Regular activity helps prevent heart disease and diabetes, helps improve sleep patterns and energy levels, and increases body confidence and self-esteem. Long term research with thousands of people conducted by Dr. Stephen Blair at the Cooper Institute for Aerobic Research in Dallas, TX has shown that fat people who are fit live longer and with fewer health problems than thin people who are unfit. So it's fitness not fatness that matters most for health.

A LAST WORD: ABOUT CHILDREN

I think about my childhood as happy and full of sports. It was also full of shame about being fat. As painful as my memories are, things seem much worse for kids today, with many dieting and developing eating disorders at very young ages. There are public health professionals who blame the increasing numbers of children at higher weights on the fact of their inactivity. While certainly children are less active now than we were when I was young, I was very active, and I was still fat. So when you hear people get all fired up about exercise for weight control we have to be careful how this affects kids. When I dropped out of sports and started dieting, I yo-yo dieted myself up to a much higher weight than I would have attained had I just kept playing

sports. Dieting only makes matters worse. If we can help kids be active, discourage them from dieting and help them learn to appreciate their bodies, no matter what their size, they'll have a much better chance for a happy, healthy life.

Children and adults can learn to respect and appreciate natural differences in body size in the same way that we acknowledge differences in nature. We are all not meant to be daisies. Some of us are meant to be great big beautiful sunflowers! But we can all be healthy with proper care and nurturing. Joyful physical activity is a way to nurture ourselves and enjoy life.

I hope this new way of looking at fitness helps you get a great start in the new year!

Pat Lyons

is a registered nurse with a masters degree in psychology.

She is on the steering committee of the Center for Weight and Health at the University of California, Berkeley, and stays active swimming, hiking, dancing and rabble rousing.

HER BOOK

Great Shape: The First Fitness Guide for Large Women can be ordered on-line from the publisher: www.iUniverse.com or at www.Amazon.com

SOME TIPS ON GETTING STARTED!

- 1 Change your mind, not your body. Stop being so hard on yourself about your body. Stop talking about weight, your own or other people's. Give yourself unconditional respect regardless of what you weigh, your age or how you look. Focus on wellness, not weight loss.
- 2 Think about an activity you always wanted to do, or used to enjoy in childhood, and see if there is a way to bring back that joy. If you liked being in nature as a child, you may not be able to walk as fast or as far, but the trees are still green and the flowers still bloom - you can enjoy them while you're out walking.
- 3 Start with small, simple, doable changes in your schedule. Even if you start with a 5 minute walk after lunch, instead of saying "that's not enough to matter" switch that thought to "Wow, 5 minutes was easy, I could do more if I wanted".
- 4 Think 'safety first'. Don't go too fast too soon. Take the talk test: If you can talk while you're moving you're doing fine. If not, slow down. Be sure to wear sturdy walking shoes so you can keep going without injury.
- 5 Bring the spirit of play into your activity whenever you can. Dance around the house for fun. Playing tag, frisbee or other games with children can be healthy fun for everyone.

Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children

October 2002

Developed by the Weight Realities Division of the Society for Nutrition Education

SUMMARY STATEMENT

These guidelines for obesity prevention programs encourage a health-centered, rather than weight-centered, approach that focuses on the whole child — physically, mentally and socially. The emphasis is on living actively, eating in normal and healthy ways, and creating a nurturing environment that helps children recognize their own worth, and that respects cultural foodways and family traditions. It is recognized that obesity, eating disorders, hazardous weight loss, nutrient deficiencies, size discrimination, and body hatred are all interrelated and need to be addressed in comprehensive ways that do no harm.

Improvement in health and well being for all children, both immediate and long-term, is the desired outcome of addressing childhood overweight and obesity. The World Health Organization defines health as *a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity*.¹ Consistent with this, we encourage the health at any size approach, which is health-centered, rather than weight-centered, and focuses on the whole person — physically, mentally, and socially. This approach shifts the emphasis to living actively, eating in normal, healthy ways, respecting each individual, and health and well being for all at whatever size they may be. Health at any size supports appropriate lifestyle behavior changes to achieve these objectives.

As in all programs serving children, overweight and obesity prevention programs appropriately focus on supporting and nurturing every child, while avoiding doing any harm. It is important to treat all children with respect and help them understand that healthy behaviors they can reasonably incorporate into their lives will enhance their normal growth and development. Adults are responsible for creating a nurturing environment that helps children recognize their own worth and respects cultural foodways and family traditions.

Overweight, obesity, eating attitudes and behaviors, physical activity, and body image are all interrelated and will need to be addressed in comprehensive ways that do no harm. Thus, safe and effective overweight and obesity prevention programs will include measures to prevent related problems, such as eating disorders, hazardous weight loss, nutrient deficiencies, size discrimination, and

body hatred. Harm can result if obesity prevention efforts move ahead without appropriate attention to these related problems.²

Based on these premises, we offer the following recommendations to program planners, parents, teachers, school staff, and health professionals who are concerned about children and weight.

I. Framework for addressing childhood obesity prevention

A. Planning groups. We recommend that decision-making groups addressing healthy weight and overweight and obesity prevention be diverse and include health professionals, eating disorder specialists, teachers, health at any size advocates, and the general public. These individuals need to be committed to improving school and community environments so that efforts evolve into sustainable programming. As with any planning group, membership disclosure policies are advisable, especially addressing members with special interests, such as financial affiliations with the weight loss industry.^{3, 4} Reading these *Guidelines for Childhood Obesity Prevention Programs* as well as the papers listed below under *Recommended Readings* will help planners resolve various issues, as well as acquire a great deal of practical information on promoting physical activity, healthy eating, and nurturing environments for children.

B. Healthy lifestyle. A comprehensive, successful program will focus on promoting and supporting healthy lifestyles for all children at home, in school, and in the community, as integral to the well being of children of all sizes. It will develop and implement activities that (a) create a nurturing environment, (b) provide education on healthful eating, and (c) promote and support opportunities for enjoyable physical activity.

II. Setting appropriate goals

A. Set goals for health, not weight, as appropriate for growing children. Expecting all children to be at an *ideal weight range* is unrealistic and can lead to problems.⁵ It is more realistic to expect that children

maintain a healthy weight. *Healthy weight* can be defined as *the natural weight the body adopts, given a healthy diet and meaningful level of physical activity*.⁶

B. Set goals for a nurturing environment. A nurturing environment promotes all aspects of growth and development for children — physically, mentally, and socially. This environment fosters self-esteem, body satisfaction, and a positive body image, qualities that facilitate health-promoting behaviors. *It's what's inside that counts* is a guide for dealing with children, such that character, aspirations, talents, and gifts of all are recognized and cultivated. Youth today need tools to empower them to combat our culture's current extreme focus on appearance. This can be addressed through media literacy training, including analysis of marketing techniques and how the media and advertising affect culture and body image.

Policies for creating a nurturing environment will also include recognition of weight- and size-acceptance. Within each school's policy on acceptance of diversity, weight and size discrimination, name calling, and shaming about weight and size can be addressed. Such a policy promotes self-confidence and respect, as well as safety for schools and communities.

C. Set goals for healthy eating. We urge attention to both *what* and *how* children eat. Good nutrition focuses on following the Dietary Guidelines,⁷ understanding portion size and energy density, and regularly eating recommended servings from all five groups of the Food Guide Pyramid.⁷ Healthy eating patterns include eating a variety of foods, having regular meals and snacks, responding to body signals of hunger and fullness, creating a positive environment for meals, and eating family meals together when possible. Healthy eating also means taking time to relax, enjoy the food, and feel satiety.⁸

D. Set goals for physical activity. Aim for all children to achieve the following: be active at least one hour a day⁹; reduce sedentary activities (limiting television to less than 2 hours a day and replacing excessive television and screen time with more involving activities)⁹; increase strength, endurance, and fitness; enjoy movement as natural and pleasurable; and learn skills for sports and activities they will continue and enjoy through life. Children need access to a variety of activities so each can succeed in some activities. These goals are achievable by children of all sizes and weights. Having a large body size need not be a barrier if the activity program is thoughtfully and sensitively planned and executed. Opportunities for physical

activity need to be available within the school day, in after-school activities, and at home with family and friends.

Among young children the appropriate focus of physical activity is to provide ample opportunity for active free play and movement. As children mature, they need to master movement skills, so they can participate confidently in many different forms of activity, and come to understand that fitness is intimately related to long-term health and well being.

Communities are encouraged to support fitness and physical activity by providing parks, playgrounds, and other facilities that are safe, convenient, appealing, and affordable places for children and parents to spend time.

III. Special considerations in avoiding harm

A. Self-worth. Teaching children that theirs is a good body will encourage them to keep it healthy. Children and youth deserve safe and respectful treatment of their bodies and themselves by parents, teachers, peers, school staff, and health professionals. Harm can result when they receive messages that suggest their personal worth and the esteem of others is related to their body size.¹⁰

B. Assessment. Appropriate weighing and measuring of children is conducted under private conditions, recognizes individual differences in growth rates and body size and shape, and avoids using data to label children. Special thought should be given to assessments so stigmatization and humiliation are avoided.

C. Intervention. Research suggests that safe and effective childhood obesity treatment and prevention programs focus on positive lifestyle changes for the whole family, creating an environment in which the child can be physically active, eat to satiety, and grow into his or her weight. There is evidence that some interventions, even by health professionals, may harm while attempting to do good.¹¹ For example, placing children on weight loss diets is seldom safe or effective. Typically this causes weight loss and regain, or weight cycling, which can itself be a health risk.¹² Restricted feeding, even for the preschool-age child, often leads to overeating.¹³

Other documented outcomes of inappropriate interventions include disordered eating (nearly every eating disorder begins with a weight loss diet),^{14, 15} depression, malnutrition, injury, and even death.¹⁶

Addressing healthy weight in positive ways is preferable to emphasizing obesity risks, as this can contribute to fear, shame, disturbed eating, social discrimination, and size harassment.

IV. Setting school policies

A. Positive eating environments. To promote positive attitudes toward a variety of foods and the consumption of healthy food choices, school policies will assure every child access to a nutrient-dense lunch (as well as breakfast and snacks in some schools), provide a pleasant, positive eating environment, and allow enough time to eat — at least 15-20 minutes of actual eating time after being served.¹⁷ We recommend limiting competition from sources of less nutritious foods, and avoiding sales of soft drinks and candy during school hours and for at least 30 minutes before and after school.

B. Physical activity opportunities for all children. Physical education classes or recess on a daily basis as appropriate can greatly contribute to a child's access to physical activity. These experiences should provide a variety of activities so that every child has the opportunity to discover activities that he or she can succeed in and will enjoy.

C. Promotion of size and weight acceptance. Acceptance and respect for oneself and others can be effectively addressed as part of the overall school policy on acceptance of diversity and refusal to tolerate teasing or harassing of students or staff. Obesity prevention programs need to be periodically assessed by appropriate professionals to ensure that they do not create unintentional stigmatization or promote dangerous eating and exercise behaviors.¹⁸

D. Sensitive practices related to assessment, referral, and re-entry. Weighing and measuring students in a school setting can potentially have lasting stigmatizing effects (especially for larger students, shorter boys, and taller girls). Safeguards include continuous attention to issues of privacy, respect, social environment, education on growth patterns and realistic body image, follow-up with parents, and referral for diagnosis (see *Guidelines for Collecting Heights and Weights*, below). Our recommendation is that screening for weight, height, and body fat in schools be limited to situations of identified need and purpose, such as initial assessment and program outcome evaluations.

Height/weight measurements and BMIs need to

be considered as part of an overall assessment and not as the single measurement for determining health status. Use of BMIs alone has resulted in inaccurately labeling of children.¹⁹ Tables for interpreting weight for height or BMI are based on assumptions that higher weight means higher body fat. However, some children with higher body weights will not be over fat, depending on physical activity, age, stage of puberty, gender, and ethnicity. For example, a recent US Department of Agriculture study shows that one in four children categorized as "at risk" (BMI of 85th to 95th percentile) have normal body fat, and one in six in the normal weight range have high body fat.¹⁹ Children grow and mature in different ways, and a child's weight for height or BMI can best be evaluated in relation to his or her own growth history.^{19, 20} Also, growth spurts may be preceded by an increase in body fat.²¹ When weights are measured in schools, we recommend measuring and tracking related factors as well, including fitness levels, eating and activity behaviors, weight loss practices, and body image attitudes. Interpretation of data may be completed by qualified school personnel or consultants as needed.

It is also desirable for schools to develop a process for dealing with eating problems. This process starts with early detection of eating disorder warning signs, and includes parental involvement and appropriate referrals. When a problem is diagnosed, the school can be helpful in supporting treatment plans. This is especially critical in the case of students re-entering school after inpatient treatment. Providing training and consultation for school personnel is helpful in dealing with these situations.

RECOMMENDED READINGS

■ *Prevention of Child and Adolescent Obesity in Iowa:* Iowa position paper. Provides detailed nutrition, physical activity, and child nurturing guidelines for preventing obesity in home, child care, school, community, and health care settings (48-pages). Nov 2000. Iowa Dept of Public Health, Lucas State Office Bldg, Des Moines, IA 50319. May be downloaded from website www.idph.state.ia.us (click on Resources).

■ *The Role of Michigan Schools in Promoting Healthy Weight: A Consensus Paper.* Guidelines addressing obesity prevention in schools set the goal of healthy students of all shapes and sizes, and give specific recommendations for nutrition concerns, physical activity, and safe and supportive learning environment.

September 2001. Michigan Dept of Education, Michigan Dept of Community Health, Governors Council on Physical Fitness, Health & Sports, Michigan Fitness Foundation. May be downloaded at www.michiganfitness.org; www.mde.state.mi.us; and www.emc.cmich.edu.

- *Guidelines for Collecting Heights and Weights on Children and Adolescents in School Settings. How to Measure in a Private, Respectful Way.* Discusses weighing and measuring problems and how to avoid them. Sept 2000. Center for Weight and Health, College of Natural Resources, University of Calif. May be downloaded from center website: www.CNR.Berkeley.EDU/cwh/resources/childrenandweight.shtml

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Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children was developed by the Weight Realities Division of the Society for Nutrition Education (SNE) to assist planning groups concerned with obesity prevention. Available in English and Spanish. This paper does not necessarily reflect the viewpoint of all SNE members. Questions or comments should be directed to the Society for Nutrition Education, 9202 N. Meridian Street, Suite 200, Indianapolis, IN 46260 (800-235-6690).

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These Guidelines were developed by a committee of nutrition experts in the Weight Realities Division of the Society for Nutrition Education, including the Writing Team: Francie Berg, MS, LN (chair); Jennifer Buechner, RD, CSP; and Ellen Parham, PhD, RD; and the Review Team: Laurie Aomari, RD, LD; Bev Benda-Moe, LRD; Linda Bobroff, PhD, RD, LD/N; Cindy Byfield, PhD, RD; Fern Gale Estrow, MS, RD, CDN; Ann Hertzler, PhD, RD, LDN; Sharon Hoerr, PhD, RD; Joanne Ikeda, MA, RD; Ann Macpherson, EdD, MNS, RD; Frances Montalvo, MHSN, LND; Suzanne Pelican, MS, RD; and Adrienne White. PhD, RD.

HOW CAN WE HELP CHILDREN MOVE TOWARD A HEALTHY WEIGHT?

Government agencies, professional organizations, and many other groups are working to promote healthy weights for America's youth. If you want to be part of the solution, there's no need to reinvent the wheel. Check out these Web sites for dozens of ways you and your program can help address the current trends in childhood overweight.

Action for Healthy Kids
www.actionforhealthykids.org/

In October 2002, National Dairy Council (in collaboration with leading children's health and education groups) held a Healthy Schools Summit. This site features presentations from the summit, along with other materials designed to improve children's nutrition and fitness through healthy school environments.

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/nccdphp/dnpa/

The CDC site is a goldmine for nutrition and physical activity resources, including: revised pediatric growth charts; surveillance data (including maps of obesity prevalence); publications (*Fit, Healthy and Ready to Learn* and the *School Health Index*); and many national campaigns, like Kids Walk-to-School and Powerful Bones, Powerful Girls™.

Center for Weight and Health (University of California, Berkeley)
www.cnr.berkeley.edu/cwh/

This university-based center sponsors conferences, seminars, and other activities in northern California. The site features links to literature, research, surveys, and funding opportunities, as well as materials from USDA's Extension Service project on "Reversing Childhood Obesity Trends: Helping Children Achieve Healthy Weights."

Healthy Weight Network
www.healthyweight.net/

Based on the Health @ Every Size approach, this site features books (*Children and Teens Afraid to Eat*); handouts and links; and access to Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children (October 2002) developed by the Weight Realities Division of the Society for Nutrition Education (SNE).

Michigan Department of Education
www.michigan.gov/documents/healthyweight_13649_7.pdf

In 2001, health, education, and fitness groups in Michigan collaborated on The Role of Michigan Schools in Promoting Healthy Weight: A Consensus Paper. This resource features comprehensive guidance on three inter-related problems: excessive weight and weight gain; social pressure for excessive slenderness; and unsafe weight loss practices.

Office of Surgeon General, Department of Health and Human Services (HHS)
www.surgeongeneral.gov/topics/obesity/

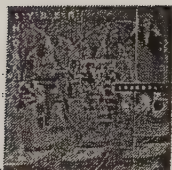
"The U.S. Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity" (October 2001) outlined strategies that communities can use in helping to address weight issues. At this site, you'll find the complete Surgeon General's report and a long list of fact sheets, as well as links to other useful government sites.

Team Nutrition, Department of Agriculture (USDA)
www.fns.usda.gov/tn/Default.htm

Team Nutrition offers an extensive inventory of materials (e.g., Changing the Scene: Improving the School Nutrition Environment Kit) and local efforts to enhance school nutrition environments. At this site download tons of creative ideas; read about Team Nutrition success stories; and find out what is going on in your state.

SyberShop...

digital solutions for eating healthy and being active

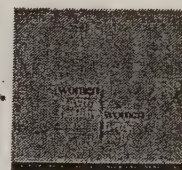


SyberShop is an interactive CD for youth ages 13-19 focusing on physical activity and healthy eating. The CD can be used individually or in the classroom as a supplemental teaching tool. The SyberShop CD also contains a printable teacher's guide.

Women Living Healthy, Women Living Well...

digital solutions for living your best life

Women Living Healthy, Women Living Well is an interactive CD developed for women focusing on healthy eating, physical activity, and women's health issues. It delivers a wealth of health information, tips and fun ways to help women live their best life!



both CD's available for \$35 each with discounts for bulk orders for an order form visit www.eatsmartmovemorenc.com

Color Me Healthy



Color Me Healthy is a physical activity and nutrition program for four and five year olds. It provides fun, innovative, interactive learning opportunities and uses color, music, and exploration of the senses to teach children that healthy food and physical activity are fun. For information on the upcoming National Color Me Healthy training visit www.eatsmartmovemorenc.com.

for more information on any of the above programs contact Carolyn_Dunn@ncsuedu

Pizzazz

PRESENTATIONS

Dayle Hayes, MS, RD

- ❶ Customized PowerPoint Presentations
- ❷ Client Education Programs
- ❸ Slide Show Makeovers and Updates
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For more information:

Dayle Hayes, MS, RD, Dayle@pizzazzpresents.com



CONNECTIONS

Women's Health Consulting

416 Lester Ave, Oakland, CA 94606

510.763.7365 F 510.836.6227 plyons@earthlink.net

Promoting Health @ Every Size by connecting ideas, programs and people:

- ❖ Research & Program Development
- ❖ Conference Keynotes & Workshops
- ❖ Great Shape Personal & Professional Coaching

"Improving access to health care & self care for large women & their families."



Founder, Pat Lyons, RN MA
Co-author *Great Shape: The First Fitness Guide for Large Women*
Public health educator, researcher & rabble-rouser

LOUISIANA

Three WIC "Play" brochures: "*Baby Play*," "*Toddler Play*," and "*Child Play*." Each brochure is a "play" resource for caregivers, providing anticipatory guidance about developmentally appropriate play and behavior based on Bright Futures and the Bright Futures in Practice: Physical Activity guidelines. The brochures are for use by child health providers, such as nutritionists, nurses, and nutrition educators. The brochures can be used with clients in individual counseling, group classes, or facilitated group discussion.

To order please call or e-mail:

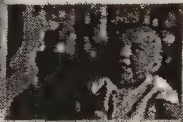
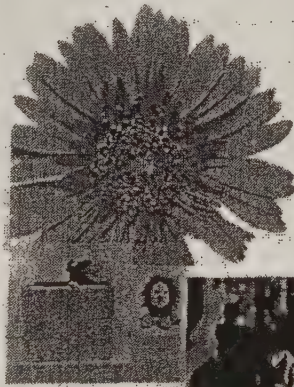
Sylvia McClain

(504) 568-5065

smclain@dhh.state.la.us

Age Newborn to 11 months CN-

Baby Play!



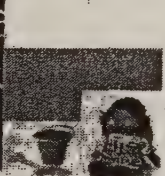
Hi, folks!
I'm your baby--
and playing with you is the
best thing in my world!

Here are some ways we can play:

Playing will develop my brain and body--
and make me fall in love with you!

Age 3 and 4 CN-

Child Play!



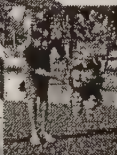
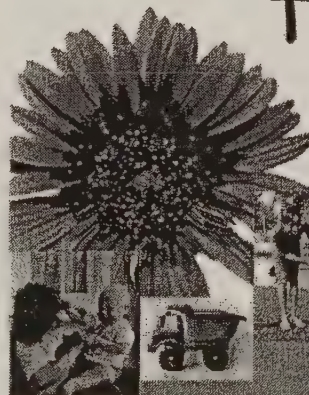
Hi, folks!
It's me--your 3 or 4 year old!

I love to play!

Play is how I learn about the world.
It's how I learn what I can do.
It builds my brain, bones, and muscles.

Ages 1 and 2 CN-6

Toddler Play!



Hi, Folks!
It's me--your toddler!

My job is to play!
Play makes my brain and body develop.
It helps me learn.

Let's play together!
You are my first and best teacher--
and I love you!

TEXAS

To educate families about the link between healthy eating, physical activity, and diabetes prevention, Texas WIC produced a new set of materials in English and Spanish.

The two videos are:

- **A Healthy Body Suits Me**

This 12-minute motivational video uses different scenarios to support its core messages of turning off the TV, reducing portion sizes, and increasing activity. Everyday people point out that diabetes and other chronic diseases can be prevented or controlled with healthy behaviors.

- **Families: Moving Toward Fitness**

A 9-minute video produced in English and Spanish. Three women discuss the steps they have taken to improve the fitness of their families in order to prevent diabetes and other problems associated with overweight. Messages include:

- Reduce portion sizes at home and when eating out.
- If diabetes "runs in the family" it can be prevented or delayed with physical activity and healthy eating habits.
- Daily activity can be a fun, healthy way to have family time.
- Turn off the TV and engage in more physical activities.

These videos can be ordered from Allied Vaughn at 1-800-486-1539, or email debianatubby@alliedvaughn.com

The following group education lessons have been designed to go with the videos:

CF-000-18 A Healthy Body Suits Me: Breakfast is for Champions (English and Spanish)

- **This lesson plan covers:**

- Benefits to children and families of regularly eating breakfast.
- Easy-to-make, traditional and non-traditional foods for breakfast.
- Simple ways to make time to have breakfast.

CF-000-19 A Healthy Body Suits Me: Bring the Outside In (English and Spanish)

- **This lesson plan provides information about:**

- Benefits of regular physical activity.
- 10-minute activities that can be done inside the house.
- Ways to make everyday activities into physical activities to improve health.

GD-000-03 Understanding Super-sized Portions

This lesson plan is designed for use with the video "Families: Moving Toward Fitness." It covers how super-sized portions affect health, the sizes of standard servings, and offers strategies for healthier eating at home and at restaurants.

In addition to the lessons that go with the Healthy Body videos, there are two self-paced lessons related to healthy eating, activity, and weight maintenance.

SP-000-12 Eat To Feel Healthy To Lose Weight

SP-000-13 Get Moving, Feel Great, Lose Weight

All the above lessons (English and Spanish) can be downloaded from
<http://www.tdh.state.tx.us/wichd/nut/lessons-nut.htm>

CALIFORNIA

The play brochures featured in Pat Lyon's session can be ordered by contacting Deanna Lester, California Dept. of Health Services, WIC Branch dlester@dhs.ca.gov (916) 928-8881.



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FIT KIDS EVALUATION FORM I

State _____ OR Tribal Program _____

Purpose/Goal of this activity: To provide information to enhance the knowledge, skills and abilities of nurses, dietitians, and other healthcare professionals to increase their effectiveness in preventing and impacting childhood overweight/obesity.

Please complete this evaluation by circling your response next to each statement. Your anonymous responses will be used to revise this activity and to plan future educational activities.

A. Please tell us about yourself.

1. I am a(n): (1) RN or LVN (2) RD, LD or DTR (3) Other

1 = Not at all 2 = Somewhat 3 = Almost completely 4 = Completely

B. Using the scale above, rate the expertise/effectiveness of each individual presenter and your achievement of that session objective:

- | | | | | | |
|-----|---|---|---|---|---|
| 2. | Dayle Hayes, MS, RD | 1 | 2 | 3 | 4 |
| 3. | List ten health myths that can create obstacles for WIC families wanting to make healthy lifestyle changes. | 1 | 2 | 3 | 4 |
| 4. | Susan Johnson, PhD | 1 | 2 | 3 | 4 |
| 5. | Describe recent findings in research related to children's eating behaviors. | 1 | 2 | 3 | 4 |
| 6. | Pat Lyons, RN, MA | 1 | 2 | 3 | 4 |
| 7. | Describe at least two benefits of physical activities for children and adults. | 1 | 2 | 3 | 4 |
| 8. | Pam McCarthy, MS, RD | 1 | 2 | 3 | 4 |
| 9. | Describe the difference between education and persuasion. | 1 | 2 | 3 | 4 |
| 10. | Jane Peacock, MS, RD | 1 | 2 | 3 | 4 |
| 11. | Describe how obesity can be prevented from birth by establishing and maintaining a positive feeding relationship. | 1 | 2 | 3 | 4 |
| 12. | Pam McCarthy, MS, RD | 1 | 2 | 3 | 4 |
| 13. | Describe five changes that will enable WIC educators to be more effective behavior change agents. | 1 | 2 | 3 | 4 |
| 14. | Q&A with morning speakers | 1 | 2 | 3 | 4 |

15. Discuss various questions and resources, feedback and evaluation of knowledge learned.
1 2 3 4
16. Jane Peacock, MS, RD 1 2 3 4
17. Describe how WIC staff can effectively focus on healthy growth rather than healthy weight.
1 2 3 4
18. Pam McCarthy, MS, RD 1 2 3 4
19. Discuss ways to insure that WIC clients are committed to behavior change.
1 2 3 4
20. Pat Lyons, RN, MA 1 2 3 4
21. Identify at least two types of physical activities they could do with co-workers, parents and/or children. 1 2 3 4
22. Susan Johnson, PhD 1 2 3 4
23. Discuss commonly encountered obstacles in the clinical treatment of pediatric overweight.
1 2 3 4
24. Carolyn Dunn, PhD 1 2 3 4
25. Discuss trends, effects, and solutions to watching too much television. 1 2 3 4
26. Q&A with afternoon speakers 1 2 3 4
27. Discuss various questions and resources, feedback and evaluation of knowledge learned.
1 2 3 4
28. Were the teaching methods/strategies effective? 1 2 3 4
29. Were the objectives relevant to the overall purpose/goal(s)?
To provide information to enhance the knowledge, skills and abilities of nurses, dietitians, and other healthcare professionals to increase their effectiveness in preventing and impacting childhood overweight/obesity. 1 2 3 4
30. Were the physical facilities appropriate? 1 2 3 4

General Comments or if you rated (1) to any of the above, please comment.

FIT KIDS EVALUATION FORM 2

State _____ OR Tribal Program _____

1. What program do you work for currently?

- ☐ WIC Program ☐ Head Start Program ☐ Child and Adult Care Food Program
☐ Extension Service ☐ School Food Program ☐ OTHER _____

2. If you work for WIC, how long (total time in all positions) have you worked for the program?

- ☐ One year or less ☐ One to five years
☐ Five to ten years ☐ More than ten years

3. What is your role at work?

- ☐ Clerical ☐ Education or health care provider ☐ Supervisor or administration
☐ OTHER _____

4. What three (3) factors are the most important to discuss with WIC clients who are overweight or have overweight children? (Please check three boxes.)

- ☐ Increasing physical activity ☐ Eating lower fat/lower sugar foods ☐ Following a specific diet program
☐ Improving parenting skills ☐ Improving parent-child feeding relationships
☐ Eating smaller portions ☐ Decreasing television and computer time
☐ Improving body image ☐ Having regular meals ☐ OTHER _____

5. Which statement best describes how you feel about discussing weight issues with clients after this conference? (Please check one statement or write your own.)

- _____ I am very comfortable talking with clients about their overweight children.
_____ I am somewhat comfortable talking with clients about their overweight children.
_____ I am not at all comfortable talking with clients about their overweight children.
_____ I will only talk with clients about their overweight children IF they ask me questions or express concern.
_____ I know that overweight is a problem for many families but I do not really know how to discuss the issue effectively.

OTHER _____

6. Has this conference changed how you feel about discussing weight issues with your clients?
Please circle the number that best describes you.

5 = Yes, definitely 4 = Partially 3 = Somewhat 2 = Maybe, a little 1 = Not at all

7. Please rate each of the conference speakers and other aspects of the video conference using a scale of 1 to 5.

5 = Inspirational, 4 = Very useful, 3 = Somewhat useful, 2 = Not very useful, 1 = Waste of time

_____ Dayle Hayes _____ Susan Johnson _____ Pat Lyons
_____ Pam McCarthy _____ Jane Peacock _____ Carolyn Dunn
_____ VIDEO story segments _____ Q-and-A segments _____ Syllabus
_____ Nutrition education tools

8. After attending this videoconference, how motivated are you to become a CHANGE AGENT at work – and at home? Use this 1 to 5 scale to rate yourself. 5 = Extremely motivated, 4 = Very motivated, 3 = Somewhat motivated, 2 = Not very motivated, 1 = Not at all motivated

Encouraging more physical activity	_____ at work	_____ at home
Setting limits on TV time	_____ at work	_____ at home
Promoting positive feeding relationships	_____ at work	_____ at home
Focusing on growth, not weight	_____ at work	_____ at home
Promoting breastfeeding	_____ at work	_____ at home
Encouraging regular family meals	_____ at work	_____ at home

9. What is the most meaningful thing that you will take to work from this videoconference?

10. What additional information or training would help you promote the concepts of healthy weights for children and families?

_____ Staff training _____ Personal wellness _____ Materials for clients and clinics

OTHER _____
